

Wisconsin State Plan For Older People 2004-2006 [Draft]

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from the Bureau of Aging and Long Term Care Resources

Bureau of Aging and Long Term Care Resources
Division of Disability and Elder Services
Department of Health and Social Services

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SECTION I-THE AGING NETWORK AND THE AGING DIFFERENCE

What is the Aging Network?

The diverse group of organizations that advocate for and work on behalf of older people is known as "the aging network." Each part of the network operates from a unique perspective with different expectations which directly or indirectly impact on the lives of older people, but all work together with the common interest of improving the quality of life for older individuals.

How was the Aging Network Established?

The Older Americans Act of 1965, as amended, directly led to the establishment of the aging network.

"The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

(1) An adequate income in retirement in accordance with the American standard of living.

(2) The best possible physical and mental health which science can make available and without regard to economic status.

(3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.

(4) Full restoration services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.

(5) Opportunity for employment with no discriminatory personnel practices because of age.

(6) Retirement in health, honor, dignity - after years of contribution to the economy.

(7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, education and training and recreational opportunities.

(8) Efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

(10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.”

(Older Americans Act, Public Law 89-73, Title 1)

While the Older Americans Act led to the establishment of the aging network, the network is dynamic and constantly changing in response to a rapidly growing older population that continues to become more diverse.

What Organizations Belong to the Aging Network?

Bureau of Aging and Long Term Care Resources Division of Disability and Elder Services Department of Health and Family Services

The Bureau of Aging and Long Term Care Resources (BALTCR) is located within the Division of Disability and Elder Services, in the Department of Health and Family Services. Designated by the Governor, the Bureau of Aging and Long Term Care Resources is the single State Agency on Aging. The Older Americans Act requires that the State Agency on Aging provide leadership and guidance to the agencies and organizations serving the elderly within the state.

The Code of Federal Regulations describes the federally mandated mission of the State Agency on Aging:

"...the State Agency on Aging shall be the leader relative to all aging issues on behalf of all older people in the State. This means that the State Agency shall carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development of comprehensive and coordinated community based systems in, or serving communities throughout the State."

(45 CFR Part 1321)

Information about the Bureau of Aging and Long Term Care Resources can be obtained at this web address: <http://www.dhfs.state.wi.us/aging/index.htm>

Area Agencies on Aging

The Older Americans Act requires that the state agency on aging divide the state into planning and service areas (PSAs) and designate an area agency on aging (AAA) for each PSA. Wisconsin has six area agencies on aging. Within each PSA the designated area agency on aging is responsible for the administration and oversight of state and federal aging funds granted from the Bureau of Aging and Long Term Care Resources through the AAAs to county and tribal governments in Wisconsin.

The Code of Federal Regulations specifies the mission of the area agencies on aging:

"...the area agency on aging shall be the leader relative to all aging issues in the planning and service area. This means that the area agency on aging shall proactively carry out, under the leadership and direction of the State Agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving each community in the planning and service area." (45 CFR Part 1321.53 (a))

Contact information for Wisconsin's area agencies on aging can be obtained at this web address: <http://my.execpc.com/~aging/w4a>

County and Tribal Aging Units

Aging units are the structures in local government charged with the primary responsibility of serving older people. Aging units deliver a wide variety of locally determined and administered services. Aging units are also the focal point for community planning and collaboration on behalf of older people.

The Wisconsin Elders Act, 1991 Wisconsin Act 235, (Wis. Stats. Sec 46.82) established the role of aging units in state statute:

"Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need."

Contact information for Wisconsin's county and tribal aging units can be obtained at this web address: <http://www.dhfs.state.wi.us/aging/contacts/coagof.htm>

Other Organizations

The aging network also extends to public and private local service providers such as councils on aging, volunteer organizations, multipurpose senior centers, and advocacy groups. These highly visible local organizations translate state and federal monies into tangible community-based services for older individuals. A partial listing of these organizations follows:

- Board on Aging and Long Term Care (BOALTC)
- Coalition of Wisconsin Aging Groups (CWAG)
- Senior Centers
- Retired and Senior Volunteer Program (RSVP) projects
- Senior Companion Program projects
- Interfaith programs for the Elderly
- Senior Employment Programs
- Foster Grandparents
- Elderly Nutrition Programs and Home-delivered Meals

Each part of the network operates from a unique perspective with different expectations which directly or indirectly impact on the lives of older people, but all work together with the common interest of improving the quality of life for older individuals.

What is the Aging Difference?

The aging network is fundamentally different in character and orientation from traditional human service systems. The focus of the aging network is to change the systems that have an impact on the lives of the elderly.

The aging network has been guided by principles known as the “aging difference”. These principles have helped the aging network to be successful and to focus more on serving people than managing programs, and are listed below.

The Aging Network Belongs to and is Governed by Older People

- Older people as a majority of Councils or Commissions on Aging
- Governance by seniors occurs at all levels of the aging network
- Seniors as employees of aging units

The Aging Network Empowers Older People and Advocates for Them as Needed

(Required under the Older Americans Act)

- Finding resources to meet needs
- Providing information to maintain choices
- Maximizing benefits that an individual is entitled to
- Grievances and appeals in public benefits systems

Community Advocacy

(Required under the Older Americans Act)

- Informing seniors about legislation relating to them
- Teaching and empowering seniors how to advocate for themselves
- Combating age bias in employment, service allocation, and media.

The Aging Network has an Extensive Infrastructure that Provides Community Outreach and Education

- Congregate dining sites around the state
- Senior newsletters and newspapers with an important and timely range of information
- Public awareness efforts through community presentations by staff
- Ongoing resource information development and dissemination to seniors
- Consumer protection efforts
- Health care fraud and abuse education and reporting
- Consumer scam alerts
- Disaster planning and response

Aging Programs are Designed to Promote Health and Prevent Premature Institutionalization

- Senior centers
- Nutrition programs
- Chore services
- Transportation
- Coordination of services to blind seniors
- Peer counseling for mental health services
- Early intervention programs
- Physical health and conditioning programs to maintain strength and balance
- Long term care information and life planning assistance
- Reducing isolation and older adult depression
- Life long learning to maintain mental acuity
- Collaboration with community agencies for health screenings, foot care, and medication reviews
- Assistance with advance directives
- Access to health and long-term care insurance counseling

Aging Programs are User Friendly

- Easily accessible
- Minimal eligibility requirements
- Minimal paperwork for seniors

- Philosophy of serving anyone 60 years of age and older
- Providing families and friends with information and assistance
- Reducing much of the stigma associated with using services
- Bringing services closer to where seniors live
- Assisting seniors with red tape of benefits and services available to them

Aging Programs are Community Catalysts

- Promoting a positive image of aging
- Looking for needs and find ways to respond
- Forming community partnerships and collaborations to add to improve services for seniors
- Demonstrating resourcefulness and creativity
- Fostering inclusiveness not exclusiveness

Aging Programs have a Long History Of Cultivating Volunteerism, Especially Within The Senior Community

- Extensive use of volunteers in all programming areas – transportation, nutrition, benefit assistance
- Seniors contribute in time, money, and leadership to programs that serve them.
- Involving individuals who receive services in serving other seniors (e.g. dining sites)
- Maximizing the strengths of individual seniors while acknowledging their limitations
- Focusing on preserving dignity, independence and self-respect of seniors – not only those directly receiving services, but of all seniors in the community

SECTION II-PROFILE OF WISCONSIN'S OLDER POPULATION

Population Growth and the "Aging Population"

Wisconsin population projections indicate that there will be nearly 960,000 Wisconsinites aged 60 and older by the year 2005, a 5.5percent increase over the Census 2000 population for this age group.¹ The number of persons aged 85 and older has grown more rapidly than any other age group in recent decades. In 1960, 22,656 persons aged 85 and older lived in Wisconsin. By 2000, that number had grown more than 300 percent to 95,625. The number of persons in this age group grew by nearly 29 percent between the 1990 and 2000 censuses alone.² Population projections indicate that we will gain an additional 12,442 people 85 and older by 2005, for a total of 108,067.

Rapid growth in the population aged 85 and older is expected to continue in future decades, expanding another 24percent by 2010. The population aged 65 and older will also begin to see very rapid expansion as the first of the post-World War II "baby boomers" enter this age group in 2011. Between 2010 and 2030, Wisconsin's 65-and-over population is expected to grow by 60percent. Moreover, older people's share of the state's total population will increase steadily over the next thirty years, with growth in the 65+ age group outpacing that for every other age group by about 2013. By 2030, more than one in five Wisconsinites will be aged 65 or older.

¹ Wisconsin Department of Administration Demographic Services Center (DOA-DSC), Population Projections, March, 2002.

² U.S. Bureau of the Census, 1990 Census and Census 2000.

Figure 1. Wisconsin's Age Distribution, 2000 and 2030

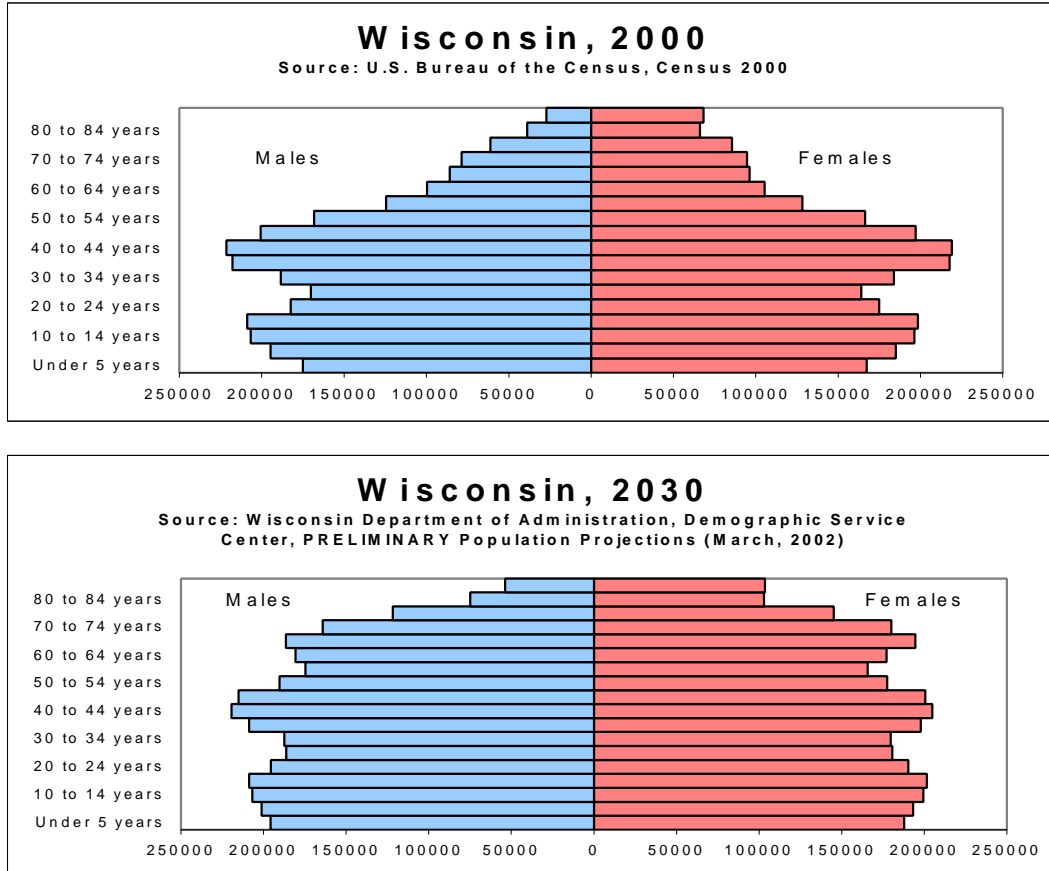


Figure 1. These population pyramids show the distribution of the population in five-year age groups, highlighting the effect of the “baby boom” generation, expanding the “top” of the pyramid as it ages.

Figure 2. Wisconsin's Percent Growth in Population Size over Time

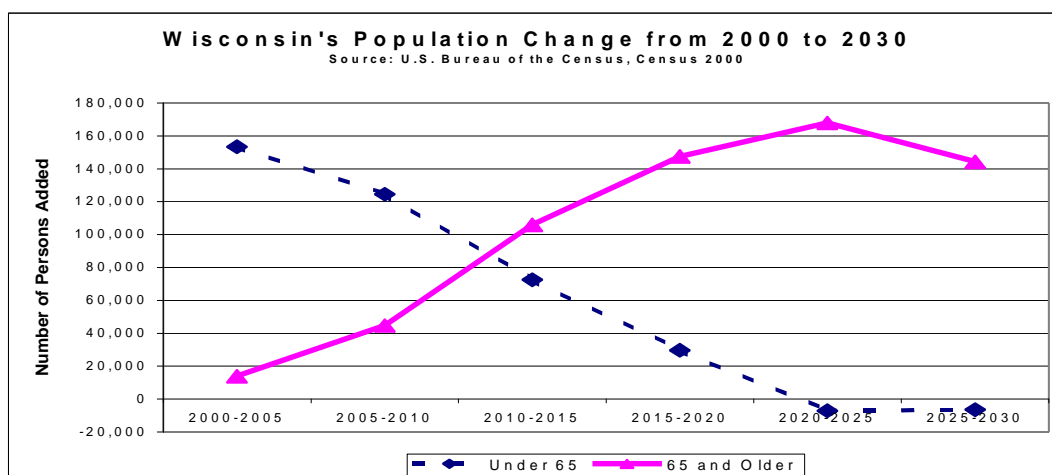


Figure 2: This chart shows that the number of older people added annually will increase through 2030, while the number of younger persons added declines, contributing to overall growth in the share of the population that is older.

As the number and the proportion of older people continue to rise, the circumstances and conditions we associate with older people will become increasingly prevalent in Wisconsin. In this section, we highlight some of the demographic characteristics whose growing prevalence will require some shifts in aging service planning and programming.

Characteristics of Wisconsin's Older People

Gender

Women outnumber men at older ages. In 2000, 59percent of Wisconsinites aged 65 and older were women. Of Wisconsin's 38,199 nursing home residents aged 65 and older, about 73percent are women, and 72percent of all those aged 85 and older are women.³ These "gender gaps" are expected to close slightly over the next thirty years, as life expectancies are projected to increase by about 2.8 years for women and about 3.2 years for men.⁴

Race and Ethnicity

Wisconsin has a relatively small elderly minority population, although minorities are increasing as a share of all elderly persons. According to Census 2000, Wisconsin's 37,206 racial minorities aged 60 and older make up 4.1percent of the older population. About 62percent of the state's minority population aged 60 and older is African American; 13percent is Asian; and about 10percent is Native

³ U.S. Bureau of the Census, Census 2000, Summary File 1.

⁴ DOA-DSC, March 2002.

American (the rest report some other race or a combination of two or more races). In addition, more than 8,000 persons (across all race categories) report that their ethnicity is Hispanic or Latino. Almost 63percent of the state's minority population resides in Milwaukee County.⁵

Living Arrangements

Nearly one in four Wisconsin households includes at least one person aged 65 or older. A majority (61.2percent) of older people live in "family households" containing at least two people related by blood or marriage, but another 29.5percent of people aged 65 and older live alone. Older women are more likely than older men to live alone: 38percent of women aged 65 and older do so, compared to 17percent of men. These differences are most striking among the very old: Just 8percent of women aged 85 and older are married and living with their spouses, compared to 44percent of men in that age group. In all, 5.4percent of older persons live in nursing homes, and 4percent live in the homes of one of their children.⁶

Disability and the Need for Long-Term Care

Rates of disability and chronic illness increase with age. As the average age of our population increases, a growing proportion of all Wisconsinites will experience health problems and long-term disabilities. According to Wisconsin's Family Health Survey⁷ for 2000, 56percent of adults aged 65 and older had one or more of four physical limitations due to health problems: trouble walking one block, climbing stairs, bending, lifting or stooping, and/or doing vigorous exercise or work. This percentage increased dramatically by age, from a low of 11percent among adults aged 18-44 to a high of 68percent among those aged 75 and older.

Census data also show the prevalence of all types of disability increasing precipitously with age. According to Census 2000⁸, more than 36percent of older people in Wisconsin report at least one long-term disability, compared to 15percent of adults aged 20 to 64. Nearly one in four report a physical disability, defined as a substantial limitation in the ability to perform basic physical activities such as climbing stairs, reaching, lifting, or carrying. About 18percent report difficulty going outside the home alone to shop or go to a doctor's office. Twelve percent report a sensory disability such as deafness, blindness, or a severe hearing or vision impairment. Almost 8percent report difficulty with self-care activities such as dressing, bathing, or getting around *inside* the home; and about the same number report a mental disability.

⁵ U.S. Bureau of the Census, Census 2000, Summary File 1.

⁶ U.S. Bureau of the Census, Census 2000, Summary File 1.

⁷ The Family Health Survey is a random sample telephone survey of Wisconsin households conducted continuously by the Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information. Data reported here are from interviews conducted in 2000.

⁸ U.S. Bureau of the Census, Census 2000, Summary File 3.

Chronic Illness and Health Risks

Similarly, the incidence of chronic health problems increases with age, and chronic conditions will become more prevalent statewide as Wisconsin's population ages. Although almost 70percent of older people report that their general health is excellent, very good, or good, Family Health Survey data for 2000 show that 81 percent of persons aged 65 and older report a diagnosis of at least one chronic condition⁹. In contrast, just 22percent of adults under age 45 report a chronic condition, and half of those aged 45 to 64 do so. The most common chronic conditions among older people are high blood pressure, reported by 47percent of those aged 65 or older; and arthritis, reported by 43percent.

Further, the 2002 DHFS Aging Survey¹⁰ showed that almost one in five older adults had fallen to the ground or floor in the previous 12 months, greatly increasing their chances of suffering a disabling injury. Of those who had fallen, nearly half reported two or more falls, and more than one in four reported being injured badly enough to make regular activities difficult for one week or more.

Poverty

Census 2000 reports poverty data based on 1999 incomes.¹¹ For that year, 7.4percent of Wisconsin residents aged 65 and older (49,245 in all) had incomes below the poverty line, established by the federal Office of Management and Budget for that year at \$8,240 for single individuals and \$11,060 for couples. In all, 196,378 older people (nearly 30%) were "near poor," with incomes below 200percent of poverty that year. Poverty increases as older people age, jumping from 5.4percent among people aged 65-74 to 9.8percent among people aged 75 and older. Poverty is also more prevalent among older minorities than among whites. Older members of all minority race groups are more than twice as likely as older whites to be poor, with African Americans more likely to be poor than those from any other race group (19.3%) of older African Americans had incomes below the poverty line in 1999).

Even among the non-poor, household income tends to decline as the household head ages. Census data show that the share of households with incomes under \$35,000 grows as household heads reach age 65, and rises again as they reach age 75. Among households headed by people aged 75 or older, almost three

⁹ Reports of conditions in this survey underestimate actual prevalence of chronic conditions, as they include only cases already diagnosed.

¹⁰ The DHFS Aging Survey is a random sample telephone survey of Wisconsin residents age 65 and older, conducted every 10 years by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Long Term Care Resources. Data reported here are from interviews conducted in 2002.

¹¹ U.S. Bureau of the Census, Census 2000, Summary File 3.

quarters have incomes under \$35,000, and 86percent have incomes less than \$50,000.

Figure 3: Aging and Household Income in 1999, from Census 2000

	Income Under \$35,000		Income Under \$50,000	
	Number	Percent	Number	Percent
Householder under 25 years	82,087	68.0%	103,953	86.1%
Householder 25 to 34 years	123,828	35.6%	201,942	58.0%
Householder 35 to 44 years	125,698	26.3%	217,934	45.6%
Householder 45 to 54 years	98,142	23.5%	165,782	39.6%
Householder 55 to 64 years	87,420	32.4%	136,769	50.8%
Householder 65 to 74 years	126,729	56.4%	168,148	74.9%
Householder 75 years and over	167,356	73.8%	194,481	85.8%

Getting/Finding Help

Population aging is of particular concern to those planning programs and services for older people. Growing numbers of older people mean increasing demand for services of all kinds, from lawn mowing to “meals on wheels” to residential care options. A number of broad social changes have increased older people’s need for alternatives to help from family members:

- a significant decline in family size since the middle-1900s;
- a dramatic increase in women’s workforce participation; and
- “family dispersal,” whereby offspring permanently leave their home cities and even states for college and careers.

Nevertheless, a large majority of older people today (87%) say they will be able to get help from friends or family when they are no longer able to take care of everything themselves, usually from a son or daughter (69%) and/or a spouse (29%). On the other hand, of those who expect to be able to get this kind of help, just 46 percent report that they could get it for as long as necessary – 39 percent say they could get help for a short time only.¹²

To find out how to get more help or care than family or friends can provide, the largest share of older people (17%) say they would ask a health care provider or insurance company. A large share also mention a social service or welfare office (12%), their county's aging office (11%), or a senior center (8%) as a source of this information.

¹² DHFS Aging Survey for 2002, DHFS/DSL/BALTCR.

Almost all indicate that they have heard of some publicly-funded programs or services that provide assistance to older people, such as home delivered meals (99%), senior centers (94%), and senior dining sites (90%). A large share have also heard of the Elderly Transportation Program (88%), energy assistance programs (86%), Adult Protective Services/Elder Abuse (66%), and Legal Aid or legal service centers (55%). A smaller but still substantial number are familiar with the Nursing Home Ombudsman program (33%), Older Worker Program (33%), the Benefit Specialist program (25%), and the Community Options Program (25%). In all, 26 percent say they have used at least one of these programs at some time, and of those who haven't, 76 percent say they would consider doing so.¹³

Caregiving Responsibilities

While most older people eventually need some kind of help from other individuals or organizations, many observers have noted a significant caregiving role for older people today. As life expectancies extend into the eighties, many people in their sixties and even seventies find themselves caring for frail parents. At the same time, older people often continue to be actively involved as parents themselves, providing childcare and other assistance to sons and daughters who are single or working parents.

Some older parents have a lifelong role caring for a child with disabilities. In Wisconsin, nearly 10 percent of people aged 65 and older report having at least one son or daughter with a disability. Of these, 37 percent provide or supervise their child's care. About 19 percent of older people are the main caregiver for someone disabled or in ill health in their households. Twenty percent provide unpaid help or care on a regular basis for someone who lived elsewhere (including babysitting, bill-paying, nursing care, and a variety of other forms of assistance).¹⁴

Census 2000 addressed the special situation of older people whose grandchildren reside with them. Across Wisconsin, 55,983 grandparents live in a household with one or more of their grandchildren aged 18 or younger, and 42.3 percent of these grandparents have primary responsibility for at least one grandchild.¹⁵ We can expect to see increasing prevalence of these kinds of ongoing responsibility as the "younger old" population rapidly expands throughout the coming decade.

¹³ DHFS Aging Survey for 2002.

¹⁴ DHFS Aging Survey for 2002.

¹⁵ U.S. Bureau of the Census, Census 2000, Summary File 3.

SECTION III-STATE PRIORITIES

MODERNIZATION OF THE WISCONSIN AGING NETWORK

Description of the Issue

It is important for the aging network remain viable in assisting Wisconsin's elderly. Demographic data point to an increasing number of older persons who will need the advocacy, information and assistance and other services provided by the aging network. Shifts in the aging population will result in dramatic changes in Title III allocations. This will be especially noticeable in smaller rural counties where there is less ability on the part of the county to underwrite the aging unit.

To be certain that the aging network can remain viable, the Bureau of Aging and Long Term Care Resources, in partnership with representatives in the aging network, will fully examine the structure of the existing aging network.

Issues to be included in the 3-year study will be:

1. Criteria for single county Area Agency on Aging
2. Examining population and funding trends
3. Examining how other states structure their aging network
4. Developing recommendations to the Secretary of the Department of Health and Family Services on programs and policies that affect older people

SECTION III-STATE PRIORITIES

State Priority: Aging Network Modernization	
Outcome: Wisconsin's Aging Network will be positioned to meet the needs of a growing aging population as efficiently and cost-effectively as possible.	
Steps to Accomplish this Outcome:	Completion Date
Collect and analyze data on current population and funding trends	June 2004
Establish criteria for single county AAA	June 2004
Collect data from other states on their network structures	September 2004
Establish workgroup of aging network representatives	September 2004
Conduct series of facilitated meetings on network structure	June 2005
Compile findings of workgroup and facilitated meetings	December 2005
Make recommendations to Department Secretary	July 2006
Measure: Using demographic and funding data, the aging network will be designed to best meet the needs of Wisconsin's growing elderly population.	

SECTION III-STATE PRIORITIES

SUPPORT FOR THE AGING DIFFERENCE

Description of the Issue

The aging network is fundamentally different in character and orientation from traditional service networks. The focus of the aging network is to change the systems that have an impact on the lives of the elderly. This difference has been called the “aging difference.”

The aging difference has a number of distinguishing characteristics. These include the items listed below.

- The aging network belongs to and is governed by older people. Older people fill major roles in governing the aging network and in determining how the network operates.
- The aging network empowers older people. A key understanding within the aging network is that older people are capable of standing up for their own interests, and that the network is obligated to assist older people in self-advocacy.
- The aging network focuses on change. The Older Americans Act requires the aging network advocate for societal and systemic changes on behalf of older people.
- The aging network is a network of and for older people. It is not primarily a service network. It is a network whose major roles are to empower and enable older people and to assure that existing service systems are responsive and accessible to the elderly.

The Wisconsin Association of Aging Unit Directors (WAAUD) has developed useful materials which explain the role of aging units from the perspective of the “aging difference.” These materials were developed to meet the requirements of outcome based planning and were the basis for the 2003-2006 county and area agency three-year plans.

For the purposes of this plan, the state unit on aging has established outcomes, activities, and measures for each of the following four key elements identified by WAAUD:

- **The Aging Unit Empowers Older Persons and Advocates for Them as Needed**
- **The Aging Unit is a Community Catalyst**
- **The Aging Unit Operates Services to Promote Good Health and Prevent Premature Institutionalization**
- **The Aging Unit Serves and Involves a Diverse Population**

SECTION III-STATE PRIORITIES

SUBJECT AREA: Empower Older People	
Outcome: State agencies will increase the opportunities for aging advocates to discuss and advise on substantive issues affecting older people.	
Steps to Accomplish this Outcome:	Completion Date
Meet regularly with the Coalition of Wisconsin Aging Groups (CWAG) Legislative Caucus, American Association of Retired Person (AARP), Wisconsin Retired Educators Association (WREA), Wisconsin Association of Aging Unit Directors (WAAUD), Wisconsin Association of Nutrition Directors (WAND), Board on Aging and Long-Term Care (BOALTCR) Wisconsin Association of Area Agencies on Aging (WAAAA), etc.)	On-going
Inform Bureau Director of issues effecting older people and/or the network	On-going
Continue to support the senior statesman program and the development of county statesman programs	On-going
Continue to seek counsel from the State Aging Advisory Council on issues affecting Wisconsin's older citizens	On-going
Inform aging network of advocacy issues via BadgerAging Listserv	On-going
Measure: Aging network will have information necessary to meet federal advocacy mandate.	

SECTION III-STATE PRIORITIES

SUBJECT AREA: Community Catalyst	
Outcome: Wisconsin will have at least one regional specialized transportation system in place and transportation will be better coordinated in other areas of the state.	
Steps to Accomplish this Outcome:	Completion Date
Continue to monitor the activities of the Wingspread workgroups and share information with those interested	December 2006
Participate in the DOT 2030 planning process and encourage others in the aging network to also participate	December 2004
Convene inter-department transportation committee	February 2004
Report progress to Governor's council's and other interested individuals	On-going
Work with participants of Wingspread Transportation Summit to implement various components of the action agenda	December 2006
Determine what counties are interested in piloting regional transportation system	December 2004
Work with state agencies through an inter-departmental committee to assure regulations and reporting requirements do not prohibit regionalization of transportation	March 2005
Assist project with implementation, and monitoring	December 2005
Measure: Several of steps of Wingspread Action Agenda will be implemented and Wisconsin will have at least one multi-county transportation program.	

SECTION III-STATE PRIORITIES

Subject Area: Promote Good Health and Prevent Premature Institutionalization	
Outcome: Implementation of fall prevention activities that reduce falls, fall related deaths and sererity of injuries related to falls.	
Steps to Accomplish this Outcome:	Completion Date
Identify BALTCR liaison for the Division of Public Health/UW Madison Medical School Fall Prevention research project funded by the Centers for Disease Control (CDC). The liaison person will participate in planning, implementation and evaluation of the project	October 2005
Prepare county aging network survey to determine availability of local fall prevention activities and collaborative fall prevention projects between aging and local health departments	December 2003
Co-Coordinate quarterly Statewide Fall Prevention Initiative telephone conferences	Ongoing
Plan training programs and disseminate research findings for aging and home and community based service system providers about causes of falls, fall risk, fall prevention, fear of falling and related assessment tools via conferences, PSA meetings, list serve, web site, technical assistance materials, etc.	June 2004
List and share best practice fall prevention activities and encourage aging network to implement community programs	November 2004
Encourage development of county or regional model comprehensive fall prevention programs that include exercise programs, fall or geriatric centers, consumer education, home safety checks with modifications, fall risk screening programs and in-home fall assessments	August 2006
Measure: # Counties/regions with comprehensive fall prevention model programs.	

SECTION III-STATE PRIORITIES

HOUSING

Description of the Issue

Most older people want to live in their own homes, whether it be the family home of many years, an apartment, or a room of their own in an assisted living setting. But lack of affordable and appropriate housing often prevents people from being able to choose the environment they prefer. Homeowners are obliged to leave homes they can no longer maintain or support. Many service-supported settings do not offer the privacy or amenities people want in a home. Sometimes available housing costs too much. While the aging network does not control housing finance or subsidy resources, it can play an important role in identifying and reducing barriers, providing information resources and serving as a catalyst for development to increase the supply of affordable housing options.

SECTION III-STATE PRIORITIES

Subject Area: Housing	
Outcome: Increase the supply of affordable, service supported housing for seniors	
Steps to Accomplish this Outcome:	Completion Date
Sponsor county initiatives to recruit adult family home providers through the Community Links project	December 2003
Support development of affordable assisted living demonstration projects through Wisconsin's RWJF Coming Home grant	January 2004
Identify service reimbursement, housing finance and regulatory policy changes to remove barriers to development of affordable assisted living	January 2004
Develop rate setting methodologies for RCAC and CBRF assisted living and model contract documents for county human service agencies to use in purchasing assisted living services	January 2004
Develop and disseminate information for potential developers, operators and financial partners in affordable assisted living, including maintenance of the affordable assisted living web site at www.wiaffordableassistedliving.org , presentations at trade association conferences, etc	Ongoing
Encourage county aging units and human service departments to be catalysts for development of affordable service supported housing in their communities	Ongoing
Measure: Increase in the number of affordable service supported housing providers/developments and number of units.	

SECTION III-STATE PRIORITIES

Subject Area: Housing	
Outcome: Increase seniors' ability to access housing resources.	
Steps to Accomplish this Outcome:	Completion Date
Work with public housing authorities to increase use of Section 8 Housing Choice Vouchers for seniors, with a special emphasis on making vouchers available for senior housing co-ops and in assisted living settings	June 2004
Support local programs emphasizing affordable home maintenance, modification and repair as a way to help make it possible for older people to stay in their own homes	August 2004
Provide housing related information to county aging units for use in their information and assistance programs, including directories of federally subsidized housing, RCAC and CBRF assisted living; and sources of financial assistance to meet the needs of low and moderate income individuals	January 2005
Develop informational materials on housing resources for seniors	January 2005
Measure: Number of informational brochures/materials distributed. Number of people receiving home repair or modification services through BALTCR sponsored efforts.	

SECTION III-STATE PRIORITIES

EMPLOYMENT

Description of the Issue

Who will be the workers of the future? Many will be older baby boomers. With increasing numbers of older adults staying in the work force, the trend toward early retirement is beginning to reverse itself. Many older adults believe that the higher levels of education they possess will allow them to continue making unique contributions to society. Other older adults will continue to work because of economic necessity. Many older workers are among the 17 percent of older Americans who have incomes of less than 125 percent of poverty.

The aging of the U.S. population is affecting the demographics of the work force. Between 2000 and 2010, the age group experiencing the greatest growth will be those aged 55-64; by 2005, people aged 55 and over are projected to be nearly 20 percent of the working age population, compared to 12.5 percent in 1990. For a number of reasons, including financial need, longer life expectancy, and a desire to continue working, the number of individuals aged 55 and over in the work force is continuing to grow. It is no longer unusual for individuals to retire from one job, begin drawing a pension, and seek new employment. Since 1984, both the full- and part-time work of "retired" men younger than age 65 has increased noticeably.

The future world of work is being shaped both by our demographics and by new technologies. The criteria for participating in the 21st century workforce is evolving. Today, many new skills are required by jobs in the growth industries. Among other factors, the actual acquisition of new skills will determine individual roles in the workforce.

Today, the knowledge and skills most in demand are those necessary for positions in high technology and the service industries. Because of the changes wrought by technology, there is a diminishing supply of jobs that require sheer physical strength, which is more often a requisite for jobs in manufacturing.

The numbers prove a harsh new reality: As the economy slows, older workers are feeling more than their share of the pain. Perceived as less productive than younger employees and earning relatively high salaries, these workers are often targeted for termination or denied promotion. Rightly or wrongly, they think that gray hair and experience mean that 50-plusers are reluctant to try new ways of doing their work or to tackle the relentless stream of new technology. In other words, "older" means the proverbial "old dogs," unwilling or unable to learn new tricks that will help employers deal with the modern workplace that is cutthroat and unforgiving.

SECTION III-STATE PRIORITIES

Subject Area: Employment	
Outcome: Establish basic distribution of Senior Community Services Employment Program (SCSEP) positions equitably throughout the State.	
Steps to Accomplish this Outcome:	Completion Date
In collaboration with National Sponsors and State Senior Employment Program organizations, determine the location of present SCSEP positions to identify areas significantly under or over served	On-going
Measure: Produce an equitable distribution report annual plan to ensure an equitable distribution of positions within the State.	

SECTION III-STATE PRIORITIES

Subject Area: Employment Counseling and Training	
Outcome: Provide services to older adults particularly those with the greatest economic and social need, poor employment history or prospects; and those over 60 years old.	
Steps to Accomplish this Outcome:	Completion Date
In collaboration with Senior Employment Program sub-grantees, provide technical assistance on the development of an Outreach and Recruitment Plan targeting rural/urban areas serving those individuals with the greatest need by providing training and supportive services. Include activities targeted to minority older workers	Ongoing
In collaboration with the Division of Vocational Rehabilitation, provide technical assistance in developing a training curriculum, which includes special accommodations for those persons with physical disabilities	Ongoing
Measure: Data from sub-grantees demonstrates increased service to target groups.	

SECTION III-STATE PRIORITIES

Subject Area: Employment	
Outcome: Identify current occupations that are projected to have the potential for employment.	
Steps to Accomplish this Outcome:	Completion Date
Work collaboratively with the Department of Workforce Development (DWD) in obtaining updated information about occupations with a growing need or with career potential	Ongoing
Identify training needs to prepare older workers for employment in these occupations	Ongoing
Work with DWD, technical colleges, and others to develop training opportunities	Ongoing
Measure: The number of older workers who have received training and placement in newly identified employment areas.	

SECTION III-STATE PRIORITIES

Subject Area: Employment	
Outcome: Enhance and support community service assignments to encourage the most effective use of the participant's skills, interests, and aptitudes while at the same time providing a valuable service to the community.	
Steps to Accomplish this Outcome:	Completion Date
Assist Senior Employment Program sub-grantees to develop host agency agreement and training materials for community service assignments (host agencies)	January 2004
Assist Senior Employment Program sub-grantees to identify community service assignments that offer the greatest potential to help participants become employed	Ongoing
Provide technical assistance in the development of a resource list of various non-profits agencies that could be utilized as community service assignments	Ongoing
Measure: Develop and administer a customer satisfaction survey of host agencies.	

SECTION III-STATE PRIORITIES

Subject Area: Employment	
Outcome: Older people will be able to access area job centers to receive the services they need and want, when they want them, and will receive a wide array of services such as job training, education, and employment services.	
Steps to Accomplish this Outcome:	Completion Date
Provide information about older worker issues to the Wisconsin Council on Workforce Investment and Workforce Development Board Members	Ongoing
Develop a model memorandum of understanding (MOU) between Senior Employment Program sub-grantees and Workforce Development Boards. The purpose of the MOU will be to increase collaboration between older worker service providers and WIA services and funding, and would ensure training, referral, and placement of older workers	Ongoing
Work with One-Stop partners (Job Centers) to provide information about the Senior Employment Program and the organizations that administer it, and assign participants to one-stops to help staff better serve older workers	Ongoing
Assist Senior Employment Program Coordinators with co-location and participation in one-stop management and operations	Ongoing
Measure: Number of one-stop job centers that have an older worker counselor.	

SECTION III-STATE PRIORITIES

Subject Area: Employment	
Outcome: Provide services to older adults particularly those with the greatest economic and social need, poor employment history or prospects; and those over 60 years old.	
Steps to Accomplish this Outcome:	Completion Date
Provide technical assistance on the development of an Outreach and Recruitment Plan targeting rural/urban areas serving those individuals with the greatest need, including activities targeted to minority older workers	Ongoing
Work with the Division of Vocational Rehabilitation to develop a training curriculum for sub-grantees that includes special accommodations for those persons with physical disabilities	Ongoing
Measure: Data collected from sub-grantees shows an increase in the number of persons served who have the greatest economic and social need.	

SECTION III-STATE PRIORITIES

Subject Area: Placement and Retention of Participants in the Senior Employment Program.	
Outcome: Increase the number of participants by 35 percent in the Senior Employment Program and exceed the 20 percent minimum placement requirement.	
Steps to Accomplish this Outcome:	Completion Date
Review and update the materials currently used for participant intake and assessment, individualized development plan, job development, and service referral	Ongoing
Promote collaborative working networks between sub-grantees and other community agencies to optimize the resources necessary in training and placement of participants in unsubsidized employment	Ongoing
Provide technical assistance in the implementation and development of designing and operating a successful 502(e) program to place eligible participants into employment opportunities in the private sector	Ongoing
Measure: Data from sub-grantees indicates a placement rate in excess of 20 percent.	

SECTION III-STATE PRIORITIES

INFORMATION AND ASSISTANCE

Description of the Issue

Information and assistance (I&A) is a cornerstone service of the aging network. I&A offers older people, their families, friends, caregivers, and the general public a way to find out about services and opportunities available to older people.

The Bureau of Aging and Long Term Care Resources (BALTCR) must play an active role in assisting aging units as they develop their skills in Information and Assistance.

The I&A SEAL (Service Excellence and Aging Leadership) is a joint effort between BALTCR and its partners in the aging network. The SEAL was developed to strengthen and improve aging I&A services.

The purpose of the I&A SEAL is to give aging units in Wisconsin an opportunity to receive recognition for providing quality I&A Services by demonstrating core competencies. The SEAL sets standards and benchmarks for aging I&A services in certain core areas. Providers that meet the standards are awarded the SEAL in recognition of their proficiency.

In the 2003-06 planning cycle, aging units were required to establish outcomes, activities, and measures for the following three elements:

- Access to I&A Services
- I&A Staff Training
- The I&A Resource File

This plan focuses on the technical assistance BALTCR will provide to assist the aging network in the areas listed above.

SECTION III-STATE PRIORITIES

Subject: Access to I&A Services	
Outcome: BALTCR will work with statewide organizations to raise awareness of Aging I&A Services	
Steps to Accomplish this Outcome:	Completion Date
Identify and contact statewide organizations (e.g. Wisconsin Association of Manufacturers and Commerce, Wisconsin Medical Society) to distribute information on aging services	December 2004
Update BALTCR list of aging unit contact information used to refer inquirers to local aging units. Post on web site	Quarterly
Update and disseminate the "Guide to Services for Older People in Wisconsin" booklet	December 2005
Provide technical assistance to AAAs in their activities to support the efforts of aging units to increase public awareness and use of aging I&A services	June 2005
Measure: Work with at least 3 organizations during the course of the plan.	

SECTION III-STATE PRIORITIES

Subject: I&A Staff Training	
Outcome: Increase number of I&A Staff that have demonstrated a level of competency by passing the Certified Information and Referral Specialist-Agent (CIRS-A) certification exam.	
Steps to Accomplish this Outcome:	Completion Date
Provide technical assistance to AAA's in training aging unit I&A staff in core competencies of I&A service provision	June 2005
Work with IRPW (Information & Referral Providers of Wisconsin) to ensure that aging I&A specific training is offered during IRPW's annual conference and CIRS-A exams are offered in conjunction with the event	June 2005
Offer CIRS-A study groups as needed	June 2005
Work with BALTCR training coordinator to develop I&A track at WI Aging Network conferences	Ongoing
Measure: 30 individuals in Wisconsin are certified by AIRS.	

SECTION III-STATE PRIORITIES

Subject: Information and Assistance Resource File	
Outcome: 100 percent of aging units surveyed report that they have a resource file.	
Steps to Accomplish this Outcome:	Completion Date
Provide technical assistance to AAA's to assist aging units in developing up-to-date- resource files	2004
Collect and distribute examples of style guides used by the broader I&A/R network to aging unit I&A staff	2004
Collect and distribute examples of Inclusion/Exclusion policies at regional training	2005
Encourage I&A staff to attend taxonomy training held during IRPW conferences	2005
Measure: AAAs report all of their aging units have active resource files.	

SECTION III-STATE PRIORITIES

INFORMATION FOR PLANNING AND MANAGEMENT

Description of the Issue

Along with potential increases in power, the record numbers of older adults today and tomorrow bring new challenges. How can the needs of the changing older population be met? Financial and health statuses are improving within the younger generations. Still, women and minority elders remain more vulnerable to poverty and some of the disabling chronic conditions to which older people are at greater risk.

Already we see that different generations have different needs. The World War II generation (those who were young men and women during the war) has somewhat different tastes and attitudes from the Great Depression generation that preceded them. This trend will be even stronger as baby boomers reach their retirement years.

As we plan for the future we must analyze how the expansion and changing of the older population can best be served. Will the same services be wanted or needed? Can we find a way to pay for the same services in the same way, if they are wanted? What can we do today through public policy that will help shape a future that is responsive to the needs and interests of Wisconsin's older citizens?

SECTION III-STATE PRIORITIES

Subject Area: Information for Planning and Management	
Outcomes: State and County Demographic Profiles based on Summary File 3 (“Long Form”) data. One-page profiles with accessible text, tables, and graphics. Paper and electronic (web-based PDF files) versions available to the public. Include information on marital status, income, poverty, disability, and grandparent caregivers.	
Steps to Accomplish this Outcome:	Completion Date
Download relevant data from Census Bureau and other sources	May 2003
Process downloaded file using Excel to produce specific data points and graphics	May 2003
Develop format/template in MS Word	May 2003
Perform mail merge to apply county data from Excel to Word template	June 2003
Edit and fine-tune	July 2003
Transform into PDF files and post to web site	August 2003
Provide “press release” information about available documents to relevant outlets	August 2003
Measure: Tangible finished product available.	

SECTION III-STATE PRIORITIES

Subject Area: Information for Planning and Management	
Outcome: For the state and each county, 1-page population estimate and projection summaries with accessible text, tables, and graphics (e.g., population pyramids), based on data from the U.S. Census Bureau and the Wisconsin Department of Administration Demographic Services Center.	
Steps to Accomplish this Outcome:	Completion Date
Acquire population estimates file from DOA Demographic Services; attend training/evaluation sessions held by DOA	July 2003
Download annual estimates from Census Bureau web site	July 2003
Process data using Excel to produce relevant measures and graphics	August 2003
Develop format/template in MS Word	August 2003
Perform mail merge to apply county data from Excel to Word template	September 2003
Edit and fine-tune	September 2003
Transform into PDF files and post to web site	October 2003
Provide “press release” information about available documents to relevant outlets	October 2003
Measure: Tangible finished product available.	

SECTION III-STATE PRIORITIES

Subject Area: Information for Planning and Management	
Outcome: State and County summaries of “Special Tabulation on Aging” data from U.S. Census 2000/Administration on Aging. This tabulation, available in late 2003, will provide detailed demographic information about older people, including their educational attainment, country of birth, language and linguistic isolation, employment, income and earnings, and a wide range of other social and economic factors. Cross-tabulations of these data points by race and ethnicity will also be provided for persons aged 60 and older.	
Steps to Accomplish this Outcome:	Completion Date
Obtain data from Census Bureau/Administration on Aging when available	January 2004
Process data using Excel to produce relevant measures and graphics	(within 2 months of data delivery)
Develop format/template in MS Word	(within 2 months of data delivery)
Perform mail merge to apply county data from Excel to Word template	(within 3 months of data delivery)
Edit and fine-tune	(within 4months of data delivery)
Transform into PDF files and post to web site	(within 5 months of data delivery)
Provide “press release” information about available documents to relevant outlets	(within 6 months of data delivery)
Measure: Tangible finished product available.	

SECTION III-STATE PRIORITIES

Subject Area: Information for Planning and Management	
Outcome: Updated population data files for AoA Formulas , based on Special Tabulation on Aging from the U.S. Census 2000/Administration on Aging. In particular, this release will provide information on poverty specific to the population aged 60 and older. Identify population estimates in 2005 for use in updating the formulas in mid-census.	
Steps to Accomplish this Outcome:	Completion Date
Obtain data from Census Bureau/Administration on Aging when available	January 2004
Process using Excel to extract data points relevant to funding formulas	(within 1 month of data delivery)
Format for insertion into funding formula worksheets and provide to BALTCR fiscal analyst	(within 1 month of data delivery)
Identify mid-census population estimates	2005
Measure: Tangible finished product available.	

SECTION III-STATE PRIORITIES

Subject Area: Information for Planning and Management	
Outcomes: Excel file of 2000 Census data, with code book and instructions, for use by planners, analysts, administrators, and others in county aging units, AAAs, etc. This spreadsheet will enable users to make the specific calculations they need, to compile information for groups of counties, etc. May be provided in two editions, the first including data from Summary Files 1 and 3 and the second including additional data from the Special Tabulation on Aging.	
Steps to Accomplish this Outcome:	Completion Date
Compile relevant data points from all of existing Census Excel databases	June 2004
Create clear, concise variable labels for all data points to reduce possibility of misinterpretation	June 2004
Write code book including label and description of all variables, including important documentation for those based on complex questions (e.g. the disability questions from Summary File 3). For all percentages provided, include notes on the sources of numerators and denominators	June 2004
Circulate among BALTCR staff for review and testing	June 2004
Provide upon request and as advised by Aging Network staff (e.g. as a product sent to county and regional offices)	July 2004 Ongoing
Measure: Tangible finished product available.	

SECTION III-STATE PRIORITIES

Subject Area: Information for Planning and Management	
Outcomes: Topical report series based on data from Profiles of Older Wisconsin Residents survey (2002). These will present detailed information about Wisconsin's 65+ population, organized around groups of survey questions addressing such issues as caregiving responsibilities; general health, chronic health problems, and health care utilization; long-term care needs, plans and preparation (including ADL limitations); recent falls; residential preferences; getting help and the use and knowledge of aging services; and employment, retirement, and economic well-being.	
Steps to Accomplish this Outcome:	Completion Date
Process survey data using SAS to clean, organize, recode, create appropriate analytic variables, etc. and produce final working database	May 2003
Produce frequency distributions and cross-tabulations of relevant variables; circulate to appropriate staff for review and comment	June 2003
Determine topical categories and content of reports	July 2003
Collect comments, discuss implications, etc.; compile notes and draft report sections. Circulate drafts to appropriate staff and make revisions	September 2003
Present revised drafts to Bureau management for final reviews. Final revisions	October 2003
Present final drafts to Division management for publication review	November 2003
Oversee publication/production process	December 2003
Write notifications, press release, etc. to publicize availability of reports. Send to interested parties	January 2004 Ongoing
Measure: Tangible finished product available.	

SECTION III-STATE PRIORITIES

ELDERLY NUTRITION PROGRAM

Description of Issue

There are five objectives that focus on the Elderly Nutrition Program in the state plan on aging.

Congregate Nutrition Program Enhancement

The average age of congregate meal program participants has steadily increased throughout the life of the program. In many areas of the state, site attendance has decreased as home-delivered meal program participation has risen. The importance of a vital congregate site has not changed: dining sites are social gathering places, information and assistance centers, and an essential hub in the home-delivered meal system. We will need them more than ever for the population growth projected later for the next 10 to 20 years. The congregate nutrition program objective will be to enhance the quality of the nutrition sites to reaffirm their importance in maintaining the health of the participants as well as the health of the program.

Home Delivered Meal Program Enhancement

Home-delivered meal participants are the most frail and in need of supportive services that we see in our work. In general, aging network services have built up around the home-delivered meal program and in some areas are not as integrated as they could be. A delay in nutrition and supportive services for these participants may mean the difference between staying at home or needing more supervised care. The objective in this program area is to support local aging units in expanding, enhancing and improving services to home-delivered meal participants.

Food Safety and Sanitation

A lot has changed over the lifetime of nutrition program participants - from the way food is produced and distributed, to the way it is prepared and eaten. What also has changed, through a normal process of aging, is the ability of nutrition program participants to fight-off dangerous bacteria that may be present food.

The well-known saying, "An ounce of prevention is worth a pound of cure" remains true. Preventing the growth of food borne bacteria is the key to reducing the number of seniors affected by illnesses, hospitalizations and deaths caused by poorly handled food. Our objectives will focus on refining

the nutrition site inspection system and streamlining the required site staff certification process.

Nutrition Program: Emergency Preparedness

We will provide local nutrition programs with state-of-the-art resources to ensure they are prepared to react efficiently and effectively to a variety of emergencies.

Nutrition Program: Modernization

With ever increasing budget concerns and ever increasing numbers of seniors needing nutrition program services, it is imperative that program operations be modernized and streamlined to the fullest extent possible.

SECTION III-STATE PRIORITIES

Subject Area: Nutrition Program Emergency Preparedness	
Outcome: Local nutrition programs are prepared to react efficiently and effectively to a variety of emergencies.	
Steps to Accomplish this Outcome:	Completion Date
Provide technical assistance on preparing seniors for difficult winter weather and other emergencies	December 2003
Develop format and sample Emergency Preparedness Plan for elderly nutrition programs	December 2004
Offer training and resources to AAAs and Aging Units in emergency preparedness	June 2005
Provide technical assistance, including regional work sessions to develop local plans	December 2005
Measure: By September 2006, 90 percent of local nutrition programs will have Emergency Preparedness Plans in place.	

SECTION III-STATE PRIORITIES

Subject Area: Congregate Nutrition Program Enhancement	
Outcome: Increase or maintain the percent of congregate meals served.	
Steps to Accomplish this Outcome:	Completion Date
Research innovative practices in other states and provide aging units and AAAs with the results	December 2003
Provide training and resources on customer service to dining site managers and other nutrition staff	December 2003
Provide training and resources on dining site activities to attract seniors to dining site managers and other nutrition staff	December 2004
Coordinate training and/or resource sharing with Wisconsin Association of Senior Centers	December 2004
Develop and distribute guidelines including information and advice on maintaining an active and vital Nutrition Program Advisory Council	September 2005
Measure: Percent of congregate meal served will remain at 50 percent, + or – 5 percent each year of the plan period.	

SECTION III-STATE PRIORITIES

Subject Area: Home Delivered Meal (HDM) Program Enhancement	
Outcome: Home Delivered Meal Programs will enhance their screening, assessment and intervention of participants for nutrition risk and/or other health concerns.	
Steps to Accomplish this Outcome:	Completion Date
Coordinate training and/or resource sharing with Wisconsin Association of Mobile Meals	December 2003
Research a selection of HDM assessment tools used across the state	April 2004
Provide training and resources to aging units and AAAs on enhancements to HDM screen, such as falls prevention risk assessment, depression screening, and diabetes care	July 2004
Develop a model HDM assessment tool and encourage its use	December 2004
Measure: By September 2006, 90 percent of nutrition programs will have made at least one enhancement to services of home delivered meal participants.	

SECTION III-STATE PRIORITIES

Subject Area: Food Safety and Sanitation	
Outcome: The nutrition site inspection system and certifications of site staff will be streamlined to further reduce the risk of food-borne outbreak.	
Steps to Accomplish this Outcome:	Completion Date
Assemble workgroup of local nutrition program staff, AAA staff and other relevant individuals to review existing sanitation inspection forms and develop comprehensive inspection form for local dining sites and food preparation sites	May 2004
Train AAA staff, nutrition directors, nutritionists and site staff on use of sanitation inspection form	June 2004
With workgroup, review existing sanitation training courses	September 2004
With workgroup, develop BALTCR sanitation training program for ENP lead staff and HDM route supervisors	December 2004
Develop and implement system to provide year-round BALTCR-developed sanitation training around the state	September 2006
Measure: By September 2006, 100 percent of nutrition programs and 100 percent of ENP dining sites will have been inspected using the new Senior Dining Sanitation Checklist. By September 2006, 95 percent of ENP lead staff and HDM route supervisors will be certified in a state approved certified manager course or in the BALTCR-developed sanitation course.	

SECTION III-STATE PRIORITIES

Subject Area: Nutrition Program Modernization	
Outcome: The elderly nutrition program will become more streamlined and attuned to the needs of elders.	
Steps to Accomplish this Outcome:	Completion Date
Assemble a work group of aging unit, nutrition staff, AAA staff and other pertinent individuals to review program data, census information and budget figures to assess efficiency and effectiveness of current program model	October 2004
As needed, research other program models including single, statewide vendor for meals, multi-county vendor contracts, multi-county nutrition programs, etc.	April 2005
With work group, assemble resources and ideas to distribute to all nutrition programs to assist in increasing efficiency and effectiveness in program operations	December 2005
Measure: By September 2006, the Bureau of Aging and Long Term Care Resources will have conducted a full evaluation of the Elderly Nutrition Program, including a focus on efficiency and effectiveness.	

SECTION III-STATE PRIORITIES

DEMENTIA

Description of the Issue

In July 2000, the Wisconsin Bureau of Aging and Long Term Care Resources received an Alzheimer's Demonstration Grant from the Federal Administration on Aging. The grant project will improve quality of, and access to, long-term care services for people with Alzheimer's disease and related dementia.

The Population

According to the Census 2000, 702,553 people aged 65 and older live in Wisconsin. When a widely used estimation procedure is applied to the state's non-institutional population, it suggests that an estimated 97,501 people aged 65 and older have dementia and live in the community. Nursing home reports show that another 18,776 people aged 65 and older have dementia and live in Wisconsin nursing homes. Taken together, these two numbers indicate an estimated total of 116,277 people aged 65 and older with dementia in Wisconsin.

Alzheimer's disease and other dementia occur more frequently with advancing age. Among non-institutional, community dwelling persons aged 85 and older, experts estimate that 47 percent experience some level of dementia. In Wisconsin, this translates to approximately 44,944 individuals (there are a total of 95,625 Wisconsin residents aged 85 and older). An additional 10,718 nursing home residents with dementia are 85 and older, for a total of 55,662 persons. These "oldest old" persons make up nearly half (48%) of all older persons with dementia, while in general people 85 and older comprise just 14 percent of all older people.

Alzheimer's Disease Bill of Rights

Everyone diagnosed with Alzheimer's Disease or a related disorder deserves:

- To be informed of one's diagnosis.
- To have appropriate, ongoing medical care.
- To be productive in work and play as long as possible.
- To be treated like an adult not a child.
- To have expressed feelings taken seriously.
- To be free from psychotropic medication if at all possible.
- To live in a safe, structured, and predictable environment.
- To enjoy meaningful activities to fill each day.
- To be out of doors on a regular basis.

- To have physical contact and affection.
- To be with people who know one's life story, including cultural and religious traditions.
- To be cared for by individuals well trained in dementia care.

(Adapted from: Bell VM & Troxell D. An Alzheimer's Disease Bill of Rights, 1994)

BALTCR's dementia-related activities follow.

SECTION III – STATE PRIORITIES

Subject Area: Dementia Quality of Life Outcomes	
Outcome: Wisconsin's home and community based long-term care system will utilize outcomes to guide care for consumers with dementia.	
Steps to Accomplish this Outcome:	Completion Date
Develop a draft outcome planning tool for care managers	October 2003
Establish good practice guidelines related to the outcomes	October 2003
Pilot tool with care managers and providers	December 2003
Revise tool, develop plan for statewide roll-out	February 2004
Implement plan for dissemination and use of outcomes state-wide	May 2005
Measure: Dementia quality of life outcomes are integrated into Wisconsin's community based long-term care system, and outcomes are used to plan care for consumers with dementia state-wide.	

SECTION III – STATE PRIORITIES

Subject Area: Dementia Crisis Response	
Outcome: People with dementia who are experiencing crisis will be able to receive coordinated dementia specific intervention appropriate to their needs, as a result of accessing the emergency response system.	
Steps to Accomplish this Outcome:	Completion Date
Develop recommendations for counties to use in establishing coordinated emergency responses to people with dementia in crisis	October 2003
Develop information for consumers to use in accessing emergency response system when a person with dementia is experiencing crisis	October 2003
Disseminate recommendations, establish strategies to train appropriate responders in emergency response systems	October 2003
Develop regionally based teams to conduct training and provide ongoing support to responders	July 2004
Collect data on experiences of coordinated responses to people with dementia in crisis	April 2004
Develop a mechanism to share data across regions/counties etc. to further good practices and continue to improve systems	July 2005
Measure: Improved knowledge of dementia and skills for intervening of responders in emergency response system, emergency responses to people with dementia in crisis will be coordinated and able to provide referrals for appropriate evaluation, follow up and long term support.	

SECTION IV-FAMILY CAREGIVER SUPPORT

Description of the Issue

There is little debate about the critical role that families and other informal caregivers play in supplying services to elderly people who need help with activities of daily living. Unfortunately, despite their enormous contributions, family and informal caregivers receive little direct assistance and often face tremendous financial and emotional pressures.

A growing body of evidence confirms that the provision of supportive services can diminish caregiver burden, permit caregivers to remain in the workforce, and enable older people to remain in community settings -- possibly delaying or avoiding institutionalization.

The 2000 amendments to the Older Americans Act created a new Title III-E, the National Family Caregiver Support Program (NFCSP). The National Family Caregiver Support Program focuses on the tremendous demands placed on older caregivers. The purpose of the program is to support and assist caregivers as they provide help, caregiving, and assistance to their older family members, and to minor children under their care.

This program calls for states, working in partnership with area agencies on aging and county/tribal aging units to work to develop five basic services for family caregivers, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to services;
- Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiving roles;
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- Supplemental services, on a limited basis, to complement the care provided by caregivers.

The program provides for multifaceted systems of support services for (1) family caregivers; and (2) for grandparents or older individuals that are relative caregivers. The intent of the program is to provide information, support and assistance to family caregivers. No more than 20 percent of this funding may be used to provide supplemental direct services to the individual needing care. Temporary respite is not included in the 20 percent for direct services. Temporary respite, by definition, cannot be provided on an on-going basis.

In Wisconsin, the major focus for NFCSP development efforts will be made by county and tribal aging units, with support and technical assistance provided by the area agencies on aging and the Bureau of Aging and Long Term Care Resources. This approach emphasizes the “aging difference” with our state’s focus on the critical role played by aging units in service systems development and systems change.

Emphasizing Service to Caregivers

The Bureau of Aging and Long Term Care Resources has developed and implemented state-level policies for the NFCSP that clearly identify the only permissible target groups for the program:

1. Family caregivers of older persons, and
2. Grandparents or older individuals that are relative caregivers.

“Family Caregiver” is further defined as an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Note: A **minimum** of 90 percent of a county’s NFCSP allocation **must** be spent on serving family caregivers.

“Grandparent or Older Individual who is a Relative Caregiver” is further defined as a grandparent or step-grandparent of a child (an individual not more than 18 years of age) or a relative of a child by blood or marriage, who is sixty years of age or older and-

- Lives with the child;
- Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and,
- Has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

Note: A **maximum** of 10 percent of a county’s NFCSP allocation **may** be spent serving older relative caregivers.

Integration into Existing Caregiver Support Efforts

The extent of the need for caregiver support efforts necessitates a thoughtful coordination of the NFCSP with existing activities. The Bureau of Aging and Long Term Care Resources has developed a multi-level approach to coordinating NFCSP activities with on-going programs.

Policies on Maintenance of Effort and Non-Supplanting

The intent of the maintenance of effort provision is for the NFCSP to **expand** caregiver support activities. BALTCR policies and procedures reflect the prohibition in the Act on using NFCSP funds to supplant any federal, state, or local government funds used to provide services to caregivers. Maintenance of effort must be maintained by cash, not in-kind.

Restrictions on the Use of Funding

To assure that NFCSP funds are not used as a first source of funding for services, BALTCR policies require providers to first ascertain if caregivers are participants in a program that could pay for services in lieu of using the NFCSP resources.

- Priority is given to individuals who are currently **not** receiving caregiver support services under the Wisconsin Alzheimer's Family Caregiver Support Program (AFCSP). The AFCSP was one of the programs upon which the NFCSP was modeled.
- Funding cannot be used to provide respite or day-care services for individuals currently receiving other home and community-based services (including Medicaid waiver programs) which can pay for respite and day-care.

Local Coordination of Caregiver Support Planning Efforts

To assure local coordination of caregiver services in each county, aging units are required to convene joint planning meetings with other local providers of services to families. The purpose of the planning meetings is to assist aging units in developing a system of caregiver support services in concert with other community agencies and voluntary organizations.

The role of the area agencies on aging is to work with aging units to identify needed technical assistance. Area agencies on aging are also responsible for monitoring the programmatic and financial activities of NFCSP efforts within their PSAs.

SECTION IV-FAMILY CAREGIVER SUPPORT

Subject: Family Caregiver Support	
Outcome: Specific information for caregivers (including links to aging units) is available via Department Web site.	
Steps to Accomplish this Outcome:	Completion Date
Expand section of BALTCR web site focusing on resource information for caregivers to include links to helpful web sites	December 2004
Expand section of BALTCR web site to include information to assist caregivers in locating information regarding quality indicators for CBRFs and other housing options	December 2004
WI Caregiver Fact Sheet published on BALTCR web site based on print version	January 2004
Measure: Caregiver material on web site has increased by 25 percent.	

SECTION IV-FAMILY CAREGIVER SUPPORT

Subject: Family Caregiver Support	
Outcome: BALTCR will host (in collaboration with AAA's) training opportunities for I&A workers focusing on caregiver issues and choices regarding long term care.	
Steps to Accomplish this Outcome:	Completion Date
Survey I&A workers during regional training to determine training needs in the area of service to caregivers	December 2003
Develop training program to meet training needs	June 2004
Offer regional training for I&A staff in collaboration with AAA's, include information on approaches to assist caregivers to make choices long term care	December 2004
Provide on-going technical assistance to AAA's in supporting aging units to improve caregiver access to services on the local/county level	September 2005
Measure: Training evaluations indicate expanded knowledge of caregiver issues and resources.	

SECTION IV-FAMILY CAREGIVER SUPPORT

Subject Area: Family Caregiver Support	
Outcome: Aging network personnel will have access to training on program development and outcome measure methodology.	
Steps to Accomplish this Outcome:	Completion Date
Offer Training on How to Identify and Connect Caregivers to Counseling	December 2004
Develop sample memorandum of understanding for aging units and community mental health, regarding referral standards for family caregivers.	December 2004
Offer Training on Basic Interview Skills	July 2004
Offer Training on the "Care and Feeding of Support Groups"	June 2005
Offer Training "How are We Doing?" Learning how to measure program effectiveness and constant improvement by applying quality improvement principles	July 2006
Measure: Fifty percent of Aging Units and AAA's will have participated in one or more training opportunities. At least 25 percent of Aging Units will have formal MOU with Community Mental Health Department.	

SECTION IV-FAMILY CAREGIVER SUPPORT

SUBJECT AREA: Provision of Respite Care to Enable Caregivers to be Temporarily Relieved From Their Caregiving Responsibilities.

Outcome: Caregivers will have choice of respite options best suited to their individual needs.

Steps to Accomplish this Outcome:	Completion Date
Develop and disseminate materials to the network, providing information on variety of respite options for caregivers	December 2004
Develop working relationship with state respite care association	December 2004
Provide TA on how to develop/or link to respite services	June 2005

Measure: Comparison surveys of aging units indicate increased options for respite services.

SECTION IV-FAMILY CAREGIVER SUPPORT

SUBJECT AREA: Provision of Supplemental Services, on a Limited Basis, to Complement the Care Provided By Caregivers.	
Outcome: Aging units will have access to information on broader array of supplemental services.	
Steps to Accomplish this Outcome:	Completion Date
Develop fact sheet on special nutrition needs – how to seek nutrition counseling, preparing special diets, the use of supplements such as ensure, etc.	December 2004
Identify and disseminate information on high and low tech. adaptive equipment resources	December 2004
Work with aging units and Bureau for the Blind to conduct at Least 5 AUPAR assessments each year of the plan	December 2006
Continue to represent SAU on Bureau for the Blind Advisory Council	Ongoing
Measure: Products developed and disseminated. Fifteen aging units will have participated in an AUPAR by the end of the plan.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Description of Issue

Title VII, the Vulnerable Elder Rights Protection Title, was created by the 1992 amendments to the Older Americans Act. It addresses the need for strong advocacy to protect and enhance the basic rights and benefits of vulnerable older people.

Title VII has a dual focus. It brings together and strengthens existing advocacy programs for older people, and calls for their coordination and linkage within each state. In addition, Title VII calls on state agencies to take a holistic approach to elder rights advocacy by coordinating programs and fostering collaboration among programs and other advocates in each state to address issues of the highest priority for the most vulnerable elders.

Program Descriptions

While the entire Wisconsin Aging Network places priority on services to frail and vulnerable older people, the programs listed below are most directly involved in protecting the rights of vulnerable older people. The descriptions are not meant to capture all elements of the programs listed, but merely to present an overview.

The Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program assists residents of long-term care facilities and their family and friends to voice concerns regarding conditions that affect the quality of their care. The program also promotes policies and practices to improve the quality of life in nursing and board and care homes, other adult care facilities, and in home and community-based services.

The services of the Ombudsman Program are many and varied. Some of the services included are:

- Complaint investigation
- Resolve and mediate issues
- Provide information and education on resident rights, restraints, abuse reporting, and prevention
- Work with Community Options Program (COP) participants
- Assist with choosing a nursing home or community based residential facility (CBRF)
- Work with enforcement agencies

Prevention of Elder Abuse, Neglect, and Exploitation Programs

Section 46.90 of the Wisconsin Statutes mandates each county provide a publicized phone number to receive reports of suspected elder abuse and to designate a lead agency for investigation and reporting purposes. Most often, this is the county aging unit or department of social or human services.

The goals of the Prevention of Elder Abuse, Neglect, and Exploitation Programs are listed below.

- Develop and strengthen activities to prevent and treat elder abuse, neglect, and exploitation.
- Use a comprehensive approach to identify and assist older individuals subject to abuse, neglect and exploitation.
- Coordinate with other state and local programs and services to protect vulnerable adults, particularly older individuals.

Wisconsin Elderly Benefit Specialist Program

The purpose of the Wisconsin Benefit Specialist Program is to provide, through a continuum of county-based benefit specialist and area-wide legal advocacy services, broad access to benefits, entitlements and legal rights, to large numbers of older persons throughout Wisconsin. The program is to promote and preserve the autonomy, dignity, independence and financial security of older persons by:

- Informing and assisting large numbers of older persons in understanding their rights, benefits and entitlements;
- Limiting the scope and nature of benefit problems experienced by older individuals through prevention, early detection, and intervention;
- Assisting older individuals in securing benefits and entitlements, and in asserting and maintaining rights promised and protected by law;
- Providing access to the system of justice by offering advocacy, advice and representation to older persons as clients, and utilizing litigation, legislative and administrative reform; and
- Initiating advocacy that has consequences of broad significance in preserving and protecting the rights and benefits of older persons.

Medigap Helpline

The Medigap Helpline is a statewide telephone counseling service. It uses a nationwide toll free number to provide primarily pre-purchase choice counseling on Medicare supplement insurance, as well as counseling on basic Medicare, Medicare + Choice, long term care insurance, Medicaid, employer sponsored plans, and other types of health insurance.

The program is funded through a mix of Federal State Health Insurance Program (SHIP) funds and a charge on Medicare supplement insurers doing business in Wisconsin. It is operated by the Board on Aging & Long Term Care, which also runs the Long Term Care Ombudsman Program. Services are provided by three full-time paid counselors and one intake and referral specialist. The program is supervised by the Board's Executive Director, who in turn is accountable to a citizen board appointed by the Governor.

The Medigap Helpline works closely with the Office of the Commissioner of Insurance (OCI), reviewing proposed regulations and bringing problems to the attention of OCI. It also works closely with the Elderly Benefit Specialist Program through extensive mutual referrals and partnering on insurance-related matters.

Public Involvement in Vulnerable Elder Rights Protection Activities

The Older Americans Act requires that the state plan describe how the state uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties in the planning and implementation of activities related to protecting the rights of vulnerable elders.

Wisconsin's programs for protecting the rights of vulnerable older persons use a variety of mechanisms to involve older persons, the aging network, and other interested parties, in the operation of those programs.

Long-Term Care Ombudsman Program and Medigap Helpline

These programs are administered by the Board on Aging and Long Term Care. The Board consists of seven members appointed, by the Governor, for staggered 5-year terms. At least four members shall be public members with no interest in or affiliation with any nursing home.

The Board on Aging and Long Term Care is an active member of the Coalition of Wisconsin Aging Groups, the largest statewide aging advocacy organization.

Staff from the Board on Aging and Long Term Care routinely participate in joint staffings with area agencies on aging, county and tribal (including Title VI grantees) aging units, and the Bureau of Aging and Long Term Care Resources. The state Ombudsman serves as chair of the state Community Options Program/Long-Term Support Advisory Council, the Title II ADA Advisory Committee, and the Workforce Alliance.

Wisconsin Elderly Benefit Specialist Program

The Bureau of Aging and Long Term Care Resources administers the Elderly Benefit Specialist Program, at the state-level. State-level activities are described in the State Plan for Older People, which is subject to public hearing and comment from all area agencies and aging units.

Area agencies on aging provide the contracts for regional legal services backup for the Elderly Benefit Specialist Program. In addition, the AAAs are responsible for monitoring all programs funded with Older Americans Act funds. All AAAs have boards of directors and advisory councils consisting of a majority of older people. Finally, AAA technical assistance and oversight activities are described in the AAA plans for older people, which are subject to public hearing and comment from all aging units in the PSA.

The Coalition of Wisconsin Aging Groups is a vigorous advocate for enhanced funding.

Aging units typically employ the benefit specialists, the front-line workers in the Elderly Benefit Specialist Program. Each aging unit is overseen by a policy-making body or an advisory committee consisting of a majority of older persons. Aging unit plans for oversight of the program are required to undergo one or more public hearings.

Prevention of Elder Abuse, Neglect, and Exploitation Programs

Elder abuse and adult protective services “input from stakeholders” is achieved in many ways. In August 2000, the Wisconsin Department of Health and Family Services embarked on an initiative related to the Wisconsin Adult Protective Services and Elder Abuse Systems. Titled the *Adult Protective Services Modernization Project*, it was designed to examine Wisconsin’s existing adult protective services and elder abuse reporting systems, including all relevant laws and regulations, to recommend ways to better protect and serve vulnerable adults across the life span regardless of where the individuals reside.

To accomplish this task, a workgroup comprised of over twenty-five individuals, was formed. The Committee members represented the broadest range possible of professionals related to adult protective services and elder abuse and included representatives of the Department’s Divisions of Care & Treatment Facilities, Children and Family Services, Health Care Financing and Supportive Living as well as the Office of Strategic Finance. Representatives of the state Departments of Justice and Agriculture, Trade and Consumer Protection and the Board on Aging and Long Term Care also participated. In addition,

representatives of the aging network, disability advocacy organizations, domestic violence programs, sexual assault/abuse programs, mental health programs, county corporation counsel association, county adult protective services and elder abuse programs and others including individuals with expertise in Alzheimer's disease and developmental disabilities were included. The group's representatives came from various geographic areas of the state. In addition to this workgroup, the project operates both a web site (see: <http://www.dhfs.state.wi.us/aps/index.htm>) and distributes a newsletter up to 500 individuals so that we can continue to both apprise interested parties of our activities and solicit on-going comments and concerns.

In 2002 BALTCR undertook two efforts to help gather information on improving elder abuse programming. The first effort was part of a Department-wide initiative where a series of focus groups were used to gain a better understanding of traditionally under-served victims of domestic violence. Focus groups were employed to find out the needs of older victims of domestic violence.

BALTCR has also contracted with an advertising firm to develop a five-year elder abuse public awareness campaign, that will culminate in a series of products (posters, video, brochures, etc.), which will ultimately be delivered at the local level. In year one of the campaign, at least six focus groups will be run throughout the state to gather information from victims, abusers, service providers and experts connected with the issue of elder abuse. Information from these stakeholders can help improve the messages delivered through the campaign.

Finally, in 2002 the Department was able to increase by 1.5 million dollars the amount awarded to county-based elder abuse agencies. As a condition for receipt of these extra dollars, agencies are required to develop an Elder Abuse Interdisciplinary Team (I-Team) by the end of 2002. The I-team has several responsibilities but a key component is the development of local policies, procedures and public awareness specific to elder abuse. Since the teams are comprised of a wide perspective of disciplines (e.g., clergy, banking, public health, aging, elderly benefit specialists, law enforcement, district attorneys, corporation counsel) direct input from members of the community will be solicited on an on-going basis to ensure both public input and direction.

Helping Older People Have Access to and Assistance in Securing And Maintaining Benefits And Rights

The Older Americans Act requires that the state plan describe how the state will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights. The Wisconsin Elderly Benefit Specialist Program is the primary program in Wisconsin for addressing this issue.

The services of the benefit specialist are either provided directly, or contracted to another agency by county and tribal aging units. The area agencies on aging provide either directly, or contract for, the training and attorney support. The State Bureau of Aging and Long Term Care Resources in the Wisconsin Department of Health and Family Services coordinates the program statewide.

A benefit specialist is a person trained to help older persons who are having a problem with their private or government benefits. County and tribal benefit specialists are often called "red tape cutters" because they are experts at helping older persons with the extensive and complicated paperwork that is often required in benefit programs. They help older people figure out what benefits they are entitled to and tell them what they must do to receive them. Benefit specialists are continually trained and monitored by attorneys knowledgeable in elder law. The attorneys are also available to assist older persons in need of legal representation on benefit matters.

Statewide priorities for benefit specialist activities are determined by the Bureau of Aging and Long Term Care Resources in consultation with area agencies on aging, aging units, legal services backups, and aging advocacy organizations. Training on priority issues is supplied under the direction of the Bureau of Aging and Long Term Care Resources.

Benefit specialists have received training, and are expected to provide assistance to elders on the issues listed below:

- Medicare
- Medicare Supplemental Insurance
- Supplemental Security Income (SSI)
- Social Security
- Medicaid
- Consumer Problems
- Age Discrimination in Employment
- Homestead Tax Credit
- Housing Problems
- Supportive Home Services
- Food Stamps
- Veteran's Administration Benefits

- General Relief
- Other legal and benefit problems

Aging units, under the direction of citizen boards, may establish local priorities in addition to those used statewide.

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Adult Protective Services Modernization Project (DHFS/State of Wisconsin initiative)	
Outcome: Wisconsin's older citizens will have increased protection of their rights and personal and financial security due to elimination of current barriers in law or system coordination.	
Steps to Accomplish this Outcome:	Completion Date
Change sec. 46.90 Wis. Stats. to allow for the Department or a county department designated by the Department to investigate a complaint when the lead agency worker/supervisor/department director is "alleged" as the perpetrator of the abuse OR in situations where the lead elder abuse agency declines to conduct an investigation because a sub-contractor (service provider) of their agency is the alleged abuser and therefore an independent, unbiased investigation is needed	December 2006
Create statutory definitions of abuse (physical, sexual, or emotional), financial exploitation and self-neglect to achieve logical coherence and consistency within the statutes	December 2006
Create a statutory definition of who is "reportable" to a lead adults-at-risk agency. The proposed definitions would encompass the various sub-populations defined in existing statutes. It would blend together portions of the criminal code's definition of "vulnerable adults," the ch. 55 Declaration of Policy (sec. 55.001, Wis. Stats.,) that targets individuals with a variety of disabilities of any age and Wisconsin's elder abuse law, targeted at individuals aged 60 and over	December 2006

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Steps to Accomplish this Outcome:	Completion Date
Increase the number of people to whom an individual can report suspected abuse and require reporting in limited situations of abuse, neglect and/or exploitation cases.	December 2006
Implement statutory changes that address what information should be shared among agencies when a report of abuse/neglect/exploitation is received. Also, enact statutory language to allow for some sharing of developments with the professional reporters who file reports.	December 2006
Enactment of a statutory clause that would allow reporting of investigative findings to out-of-state officials (e.g., sheriffs, court personnel, judges) concerning individuals identified as violating parole/probation/treatment conditions.	December 2006
Clarify in statute that in cases involving a client of an entity and the person suspected of abuse, neglect or exploitation <i>is a caregiver or non-client resident of the entity</i> , the county agency shall refer the report to the Department within twenty-four hours after the report is received. The Department shall coordinate its investigatory efforts with other investigatory authorities or agencies as appropriate.	December 2006
Measure: Wisconsin State Statutes 46.90, Chapters 55 and 880, and other related statutes, are amended to reflect APS Modernization Project recommendations.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Elder Abuse Professional Education/Public Awareness Activities	
Outcome: Older people who are victims of abuse/neglect/exploitation as well as concerned individuals will be educated on: <ol style="list-style-type: none"> 1. where to report, and, 2. what to expect once a report is made. 	
Steps to Accomplish this Outcome:	Completion Date
Distribute to counties an "Elder Abuse Staff Development Training Module" to be used in agency in-services. The module provides basic information on elder abuse and how to be helpful to potential victims.	January 2004
Knupp and Watson, a marketing, advertising and media relations firm that DHFS has contracted with for public awareness activities will help to identify distribution channels for this newsletter article.	July 2004
BALTCR will develop a well-written newsletter article, which can be placed in various organization and business newsletters to help raise awareness and increase prevention of elder abuse.	May 2004
Measure: All county/tribal aging units will know what their role is in referring, as appropriate, allegations of abuse/neglect and exploitation. Fifty newspapers and/or senior newsletters will publish a copy of the article furnished by BALTCR.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Legal/Benefit Assistance	
Outcome: Increase referrals to private attorneys to provide <i>pro bono</i> and reduced fee legal services.	
Steps to Accomplish this Outcome:	Completion Date
Review and update as necessary program policies on <i>pro bono</i> referrals to assure that policies help facilitate such referrals.	January 2004
As part of normal supervision and review, attorneys shall evaluate each benefit specialist's <i>pro bono</i> referral activity and with the benefit specialist determine what if any changes should occur	Annually in December
Benefit specialists implement agreed changes.	Annually in December
Benefit specialists keep track of the number of <i>pro bono</i> referrals made each year of the plan	Annually in February
<i>Pro bono</i> activity reviewed each year by supervising attorney and benefit specialists and necessary modifications made	Annually in December
Measure: The number of <i>pro bono</i> referrals made each year by each benefit specialist.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Legal/Benefit Assistance	
Outcome: Increase referrals from benefit specialists to economic support agencies of persons applying for food stamps. Increase the number of food stamp participants aged 60 and over in the county.	
Steps to Accomplish this Outcome:	Completion Date
Assess barriers to more effective food stamp outreach	December 2003
Develop strategy for increasing food stamp outreach	April 2004
Address problems in how certain economic support agencies take food stamp applications for older persons, including practices that deter applications or that result in incorrect denials or benefit amounts	December 2004
Take baseline measures by county of food stamp referrals by benefit specialists and 60+ food stamp caseload	December 2004
Implement benefit specialist food stamp outreach strategies	April 2005
Assess and modify outreach strategies and results as part of the regular attorney review of benefit specialists' work	Annually in December
Data gathered on food stamp referrals and 60+ caseload by county by year	Annually in December
Measure: Number of food stamp referrals from the BSP to Economic Support by county by year. Food stamp caseload aged 60+ by county by year.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Legal/ Benefit Assistance	
Outcome: Modernize the data system used for reporting, case management and program planning in the Benefit Specialist Program by developing a benefit specialist module in the Social Assistance Management System (SAMS)	
Steps to Accomplish this Outcome:	Completion Date
Ensure that SAMS has adequate security to protect the confidentiality of benefit specialist data	December 2003
Determine data needed for benefit specialist reporting and case management	September 2004
Program additions to SAMS	June 2005
Develop output reports for benefit specialist reporting and case management	June 2005
Program output reports	June 2005
Pilot benefit specialist additions to SAMS	December 2005
Evaluate pilot results and fix problems	June 2006
Implement statewide benefit specialist module in SAMS	September 2006
Measure: A working, benefit specialist module in SAMS as free of errors as possible.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Legal/Benefit Assistance	
Outcome: Develop a volunteer component to the Medigap Helpline in order to increase the resources of the service.	
Steps to Accomplish this Outcome:	Completion Date
Assess the level of need for volunteer resources	April 2004
Determine the responsibilities of volunteers and the appropriate division of labor with paid staff.	September 2004
Recruit volunteers.	Ongoing
Train volunteers	Ongoing
Supervise volunteers	Ongoing
Assess performance of volunteers and impacts on the program	December 2005
Make necessary adjustments	September 2006
Measure: Number of volunteers recruited and trained Turnover rate among volunteers Response time on calls Measured level of satisfaction of volunteers	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Legal/Benefit Assistance	
Outcome: Increase referrals to County Veterans Services Officers (CVSOs) to obtain veterans' benefits for clients.	
Steps to Accomplish this Outcome:	Completion Date
Review intake, benefit screening and referral protocols to ensure that they facilitate identifying potential veterans' benefits eligibility and referral to CVSOs	July 2004
Incorporate veteran's benefits in a model intake and benefits screening tool	January 2005
As part of normal supervision and review, attorneys evaluate each benefit specialist's referrals to Veterans Services Officers and with the benefit specialist determine what if any if changes should occur	Annually in December
Review benefit specialists training needs regarding veterans' benefits and provide needed updates.	July 2004
Benefit specialists keep track of the number of referrals made to CVSOs each year of the plan	Annually in February
Referrals to CVSOs reviewed each year by supervising attorney and benefit specialist and necessary modifications made	Annually in December
Measure: The number of referrals made to CVSOs each year by each benefit specialist. The number of referrals that resulted in the client obtaining a benefit or otherwise achieving a favorable outcome.	

SECTION V-VULNERABLE ELDER RIGHTS PROTECTION

Subject Area: Legal/ Benefit Assistance	
Outcome: Develop a Uniform Model Intake and Benefit Screening Tool for the Benefit Specialist Program	
Steps to Accomplish this Outcome:	Completion Date
Review existing tools and models	January 2005
Produce Draft Tool	July 2005
Pilot Draft Tool	January 2006
Review pilot results, make necessary changes, and implement model tool	January 2007
Measure: A tool used by and rated good or excellent by at least 2/3 of benefit specialists.	

SECTION VI-TARGETING

Minimum Percentages for Access Services, In-Home Services, and Legal Services

Section 307 of the Older Americans Act requires that the state plan specify a minimum percentage of the funds received by each area agency on aging that must be expended for each of the categories of services specified below.

The Wisconsin Bureau of Aging and Long Term Care Resources has specified the following minimum percentages of Title III-B funds which must be expended within each planning and service area (PSA) for the duration of this plan. These minimum percentages have not changed from previous years.

Service Category	Minimum Required Percent of Title IIIB Funds Which Must be Spent on this Service
Services Associated With Access to Services (transportation, outreach, information and assistance and case management services).	A minimum of <u>six</u> percent per PSA must be spent for this category of services
In-Home Services (homemaker and home health aide, visiting and telephone reassurance, chore maintenance, and supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).	A minimum of <u>seven</u> percent per PSA must be spent for this category of services
Legal and Benefit Assistance (legal services and benefit counseling)	A minimum of <u>five</u> percent per PSA must be spent for this category of services

Serving Older People in Rural Area

The Bureau of Aging and Long Term Care Resources classifies a county as rural if the county is **either** not part of a federally-designated Metropolitan Statistical Area (MSA) **or** is part of a Metropolitan Statistical Area (MSA), but has less than twenty people aged 60 and older per square mile.

For the purpose of responding to this federal plan requirement, all Native Americans are classified as rural.

Funding for Rural Areas

Section 307 of the Older Americans Act requires that the state plan identify, for each fiscal year to which the plan applies, the projected costs of providing services, including the cost of providing access to such services, to older people in rural areas.

For calendar year 2003, rural areas in Wisconsin received the following funding from Older Americans Act Titles III-B, C1 (including a state supplement), C2, D, and E. Funding for this plan period (2004-2006) will be proportionately adjusted based on federal allocations.

Older Americans Act Title	Amount of Funding to Rural Areas
Title IIIB	\$2,862,342
Title IIIC1	6,979,810
Title IIIC2	1,653,627
Title IIID	219,688
Title IIIE	970,531
Total Title III Funding	\$12,685,998.00

Methods Used to Serve People in Rural Areas

Section 307 of the Older Americans Act requires that the state plan describe the methods used to meet the needs of older people in rural areas in the fiscal year preceding the first year to which the state plan applies.

The Bureau of Aging and Long Term Care Resources employed the following methods during the 2003 fiscal year to satisfy the service needs of older individuals in rural areas:

Financial Formulas Criteria

1. Continued inclusion of a base in the Title III-B formula for awarding Title III-B funds to counties as an approach that targets funds to rural areas.
2. Continued inclusion of a minimum funding level in the Title III-C1 formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.
3. Continued the inclusion of a rural factor in the Title III-C1 formula.
4. Continued the inclusion of a rural factor in the Title III-D formula.
5. Included a minimum funding level in the Title III-E formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.

6. Continued to award administrative funds to area agencies by a formula that has, as one factor, the number of aging units served, thereby assuring adequate technical assistance and monitoring capacity for smaller rural counties.
7. Continued to use a minimum level of state funding for the Benefit Specialist Program to assure an adequate minimum level of service for rural counties.
8. Continued to use a minimum level of state funding for the Alzheimer's Family and Caregiver Support Program to provide a minimum capacity for rural areas.

Policies on Program Planning, Oversight and Coordination

1. Increased staff attendance at aging unit meetings in rural areas.
2. Provided individual and group training on information and assistance, with particular focus on the capacity of small aging units.
3. Increased the availability of demographic data for use in planning in rural areas.
4. Continued development of an improved reporting system for benefit counseling services to enable tracking of program data in rural areas.
5. Continued to ensure adequate representation of rural areas on the State Advisory Council.
6. Continued to develop an improved reporting system for Older Americans Act services to enable tracking of rural area service activities.

These methods will be continued and expanded during the period of this plan.

Serving Low-Income Minority Older People

Number of Low-Income Minority Older People

Section 307 of the Older Americans Act requires that the state plan identify the number of low-income minority older people in the state.

The Bureau of Aging and Long Term Care Resources estimates, based on data from the Census 2000, that there are approximately 5,153 low-income minority older individuals in Wisconsin, as follows:

Racial/Ethnic Group	Estimated Population in Wisconsin
65+ African American	2,875
65+ American Indians	403
65+ Asians	441
65+ Hawaiian/Pacific Islanders	9
65+ Other Race	331
65+ Two + Races	389
65+ Hispanic	705
Total Low Income Minority	5,153

Note: Data on low income people 60 and older is not available at the writing of this plan.

Methods Used to Serve Low Income Minority Older Persons

Section 307 of the Older Americans Act requires that the state plan describe the methods used to meet the needs of low-income minority older people in the fiscal year preceding the first year to which the state plan applies.

The Bureau of Aging and Long Term Care Resources employed the following methods during the 2003 fiscal year to satisfy the service needs of low-income minority older people:

Financial Formulas Criteria

1. Continued the use of a formula to distribute Title III-C1 funds which includes a minority factor.
2. Continued the use of a formula to distribute Title III-B funds which includes a minority factor.
3. Continued the use of a formula to distribute Title III-C2 funds which includes a minority factor.
5. Continued the use of a formula to distribute Title III-D funds which includes a minority factor.
6. Continued the use of a formula to distribute Title III-E funds which includes a minority factor.
7. Provided state funds for tribal benefit specialist services.

Policies on Program Planning, Oversight and Coordination

1. Continued to require that area agencies establish targeting goals for the provision of services to minority elders for all Title III funded services.
2. Continued to require that area agencies monitor and provide technical assistance to aging units and service providers who do not serve minority elders at a level equal to target goals.
3. Continued to require area agencies to include representatives of tribal aging units within their PSA on the area board of directors.
4. Continued to require area agencies to include representatives of tribal aging units with their PSA on the area advisory council.
5. Continued to require that county aging units include objectives in their county aging plan on improving coordination with tribal aging units.

6. Included special workshops on service to minority elders in training sessions sponsored by the Bureau of Aging and Long Term Care Resources.
7. Encouraged county aging units to work with tribal aging units to assist Native American elders in gaining access to county services.
8. Encouraged county aging units to target minority communities with culturally appropriate and physically convenient programs.
9. Increased the diversity on the State Aging Advisory Council.
10. Increased coordination with programs serving refugees and migrants.
11. Encouraged the use of minority vendors in the elderly nutrition program.

These methods will be continued and expanded during the period of this plan.

Service to Older American Indians

Section 307 of the Older Americans Act requires that the state plan describe the methods used to increase access by older individuals who are Native Americans to all aging programs and benefits, including programs and benefits provided under Title III.

The Bureau of Aging and Long Term Care Resources will conduct the following activities during the duration of the State Aging Plan to increase access by Native American elders to all aging programs and benefits:

Financial Formulas Criteria

1. Continue a minimum allocation of Title III-B funds for each tribe which is substantially higher than county funding minimums.
2. Continue to allocate tribes an amount of Title III-B funds at least equal to the previous year's allocation.
3. Continue to allocate tribes an amount of Title III-C1 funds at least equal to the previous year's allocation.
4. Continue to allocate tribes an amount of Title III-C2 funds at least equal to the previous year's allocation.
5. Continue to allocate tribes an amount of Title III-D funds at least equal to the previous year's allocation.

6. Assisted tribes in applying for Title VI caregiver funds.

Policies on Program Planning, Oversight and Coordination

1. Continue to require and support tribal aging units.
2. Require that area agencies establish targeting goals for the provision of services to minority elders, including Native American elders, for all Title III funded services.
3. Require that area agencies monitor and provide technical assistance to aging units and service providers who do not serve Native American elders at a level equal to target goals.
4. Require that area agencies include representatives of tribal aging units within their PSA on the area board of directors.
5. Require that area agencies include representatives of tribal aging units within their PSA on the area advisory council.
6. Require that county aging units include objectives in their county aging plan on improving coordination with tribal aging units.
7. Continue representation of Native American elders on the State Advisory Council.
8. Include special workshops on service to Native American elders on training sessions sponsored by the Bureau of Aging and Long Term Care Resources.
10. Encourage county aging units to work with tribal aging units to assist Native American elders in gaining access to county services, such as the Community Options Program and Benefit Specialist Program.
12. Regularly participate in activities of the Wisconsin Indian Elders Association (WIEA).
13. Continue to support the Senior Companion Program operated by the inter-tribal council.

SECTION VII-FINANCIAL PLAN

Introduction

The Bureau of Aging and Long Term Care Resources will use the intrastate allocation formulas described below to distribute Older Americans Act/State funds according to Older Americans Act requirements as listed in Section 305 (a) (2):

“(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account—
(i) *the geographical distribution of older individuals in the State; and*
(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals;”

Consultation With Area Agencies on Aging

In 2002 the Bureau of Aging and Long Term Care Resources convened a funding formula work group consisting of area agencies on aging and aging unit personnel to examine the intrastate funding formulas being used in Wisconsin. It was the consensus of the work group that the existing formulas be retained and used with the most current data available.

Use of the Best Available Data

The Bureau of Aging and Long Term Care Resources will use data from the Census 2000 for all population-based formula factors.

Targeting Assumptions Underlying the Selection of Factors

The following assumptions underlie the selection of factors used in the intrastate allocation formulas:

Low-Income - Older people with incomes at or below the poverty level have difficulty meeting the usual costs of daily life and the high, unpredictable costs of health care and are more dependent on public services and benefits.

Advanced Age - People who are over the age of 75 are increasingly likely to experience functional disabilities and require a variety of health and support services. Poverty rates, social isolation, and other problems of older women living alone are also much greater in this age group. The very old are concentrated in urban areas and remote rural areas.

Minority Status - Minority older people have disproportionately experienced social and economic discrimination, which limits their opportunities and threatens their ability to remain independent. The incidence of poverty is more prevalent among minority elders.

Rural Status - Older people who live in rural areas are often isolated from family, friends, community activities, and formal support services. Rural areas often lack in the range of services which older people may need.

These factors will financially favor counties or tribes with a high incidence of those who have low-incomes, are very old, live in rural areas or are of minority status.

Overview

The Bureau of Aging and Long Term Care Resources receives five separate allotments under Title III of the Older Americans Act each year from the Federal Administration on Aging:

1. Title III B for supportive services;
2. Title III C-1 for congregate nutrition services;
3. Title III C-2 for home-delivered meals;
4. Title III D for disease prevention and health promotion services.
5. Title III E for family caregiver support services.

The federal award of Title III funds shall be distributed among state, area and local aging units in the manner and sequence that follow.

State Plan Administration

From all available federal Title III allotments, no more than five percent shall be made available to the Bureau of Aging and Long Term Care Resources for administration of the State Plan.

Long Term Care Ombudsman

A specified amount of Title III-B funds shall be awarded to the Board on Aging and Long Term Care for the support of a statewide long-term care ombudsman program which meets the requirements of the Older Americans Act. The Title III-B funding level for SFY 2004 is \$65,000. Subsequent funding levels will be determined through the State budget process.

Area Agency Awards for County and Tribal Aging Programs

The remainder of Title III funds will be distributed among the six area agencies on aging and, through area agencies, to county and tribal aging units for advocacy, planning, program development, and supportive, nutrition, disease prevention and health promotion, and family caregiver support services

Allocation Formulas For Title III B, III C-1, III C-2, III D and III E

Funds awarded to area agencies on aging include funds for area agency administration and funds for tribal and county aging units. These funds are distributed according to the following uniform statewide funding formulas.

Area Plan Administration

From the sum available for area plan administration, each area agency shall be allocated an amount in the following manner.

1. Each multi-county area agency, and each single-county area agency with a population of 500,000 or greater, shall be allocated a base amount of \$60,000. Each single-county area agency with a population of less than 500,000 shall be allocated a base amount of \$35,000.
2. The remaining funds available for area plan administration shall be distributed among the area agencies according to the following factors and weights:

Forty-five percent of the funds shall be distributed based on the proportion of the state's total low-income (at or below 100 percent of the poverty level) elderly aged 60 and over in each area served by the area agency.*

Forty-four percent of the funds shall be distributed based on the number of county or tribal aging units served by the area agency (multi-county AAAs only).

Eleven percent of the funds shall be distributed based on the proportion of the state's total minority elderly aged 60 and over in each area served by the area agency. [Minority shall include Hispanic, Black not of Hispanic origin, Asian/Pacific Islander and American Indian.]

A numerical representation of this formula follows.

<u>Area Plan Administration Formula Factors</u>	
StateAAA\$	The State's AAA administrative allocation
StateBase\$	The total amount used for AAA base allocations (\$335,000)
NonBase\$	The State's AAA administrative allocation less the amount (\$335,000) used for AAA bases
AAA\$	The AAA's Title III administrative allocation
Base1	\$60,000 for multi-county AAAs and single-county AAAs with populations of 500,000 or greater
Base2	\$35,000 for single-county AAAs with populations of less than 500,000
PSA60Pov*	The PSA's percentage of the total state population aged 60 and older living in households with incomes below the poverty line
PSAUnits	The number of aging units in the PSA
PSA60Min	The PSA's percentage of the total state's minority population aged 60 and older

<u>Area Plan Administration Formulas</u>	
For multi-county AAAs and single-county AAAs with a population of 500,000 or greater	$AAA\$ = Base1 + (PSA60Pov * (.44 * NonBase\$)) + (PSAUnits * (.45 * NonBase\$)) + (PSA60Min * (.11 * NonBase\$))$
For single-county AAAs with a population of less than 500,000	$AAA\$ = Base2 + (PSA60Pov * (.44 * NonBase\$)) + (PSAUnits * (.45 * NonBase\$)) + (PSA60Min * (.11 * NonBase\$))$

PSA-Tribal Aging Unit Funds

The 11 federally recognized Indian Tribes in Wisconsin shall be allocated from available Title III funds an amount at least equal to the amount received in the previous calendar year. This allocation includes funds from Title IIIB, Title IIIC1, Title IIIC2, and Title IIID.

This allocation shall be distributed among tribes based on the number of all tribal members aged 60 and over in each tribe relative to the total tribal population aged 60 and over in all 11 tribes as reported by the tribes. There is a minimum allocation for each tribe of \$8,000 of Title IIIB funds.

When there are annual increases or decreases in federal funds awarded to the State under Title III, there may be similar statewide increases or decreases in the amount to be distributed. When there is an across-the-board federal increase or decrease in Title III there shall be an across-the-board increase or decrease in the tribal allocation under Title III.

In the event of either an across-the-board or Title-specific federal reduction, the Bureau of Aging and Long Term Care Resources shall have the discretion to protect the funding level of certain programs by making a proportionately greater cut in other programs.

<u>PSA-Tribal Aging Unit Formula Factors</u>	
StateTribal\$	The state's tribal allocation
PSATribal\$	The total tribal allocations in each PSA
Tribal\$	The tribe's allocation
Tribe60	The tribe's percentage of the total tribal population aged 60 and older
PSAΣ	The sum of the allocations for the tribes in the PSA

<u>PSA-Tribal Title IIIB Formula</u>	
For a Tribe	$\text{Tribal\$} = (\text{The greater of } \$8,000) \text{ or } (\text{Tribe60} * \text{Tribal\$})$
For a PSA	$\text{PSATribal\$} = \text{PSA}\Sigma(\text{Tribal\$})$

<u>PSA-Tribal Title IIIC1, C2 and D</u>	
For a Tribe	$\text{Tribal\$} = \text{Tribe60} * \text{Tribal\$}$
For a PSA	$\text{PSATribal\$} = \text{PSA}\Sigma(\text{Tribal\$})$

PSA-County Aging Unit Funds

The remaining Title III funds available for county aging units shall be distributed to each PSA in the manner that follows.

Title III B (Supportive Services), Title III C2 (Home-Delivered Meals), and Title III E (Family Caregiver Support Services) will be distributed using the factors and weights that follow.

Forty-five percent of the funds will be distributed on a county's proportion of the state's population aged 60 and over;

Forty percent of the funds will be distributed on a county's proportion of the state's population aged 60 and over with income below the poverty level;*

Ten percent of the funds will be distributed on a county's proportion of the state's population aged 75 and over; and

Five percent of the funds will be distributed on a county's proportion of the state's minority population aged 60 and over.

There will continue to be a base of \$8,000 in the Title III-B allocation.

There will continue to be a minimum of \$6,009 in the Title III C2 allocation.

There will continue to be a minimum of \$5,000 in the Title III E allocation.

A numerical representation of this formula follows.

PSA-County Aging Unit Formula Factors for Title IIIB, C2 and E	
StateB\$	The state's Title IIIB allocation
StateC2\$	The state's Title IIIC2 allocation
StateE\$	The state's Title IIIE allocation
CO60	The county's percentage of the state's population aged 60 and older
CO60POV*	The county's percentage of the state's population aged 60 and older living in households below the poverty line
CO75	The county's percentage of the state's population aged 75 and older
CO60MIN	The county's percentage of the state's population aged 60 and older who are minorities
BASEB\$	The Title IIIB base of \$8,000
MINC2\$	The Title IIIC2 minimum of \$6,009
MINE\$	The Title IIIE minimum of \$5,000
PSAΣ	The sum of the allocations for the counties in the PSA

PSA-County Aging Unit Title IIIB, C2, E Formulas	
Title IIIB	$PSA\Sigma = (8,000 + ((CO60 * .45) + (CO60POV * .40) + (CO75 * .10) + (CO60MIN * .05)) * StateB\$)$
Title IIIC2	$PSA\Sigma = (\text{The greater of MINC2\$}) \text{ or } ((CO60 * .45) + (CO60POV * .40) + (CO75 * .10) + (CO60MIN * .05)) * StateC2\$$
Title IIIE	$PSA\Sigma = (\text{The greater of MINE\$}) \text{ or } ((CO60 * .45) + (CO60POV * .40) + (CO75 * .10) + (CO60MIN * .05)) * StateE\$$

Title III C1 (Congregate Nutrition) and Title III D (Disease Prevention and Health Promotion Services) will be distributed using the factors and weights that follow.

Ninety percent of the funds will be distributed on a county's proportion of the state's population aged 60 and over with incomes below the poverty level;*

Five percent of the funds will be distributed on the county's proportion of the state's minority population aged 60 and over, and

Five percent of the funds will be distributed on a rural factor.

The rural factor allots a certain dollar amount to counties which are determined to be rural because they either are not part of a federally-designated Metropolitan Statistical Area or are part of an MSA, but have fewer than twenty people 60 years of age or older per square mile.

A numerical representation of this formula follows.

<u>PSA-County Aging Unit Factors for Titles IIIC1 and D</u>	
StateC1\$	The state's Title IIIC1 allocation
StateD\$	The state's Title IIID allocation
CO60POV*	The county's percentage of the state's population aged 60 and older living in households below the poverty line
CO60MIN	The county's percentage of the state's population aged 60 and older who are minorities
RURAL	The rural factor allots a certain dollar amount to counties that are determined to be rural because they either are not part of a federally-designated Metropolitan Statistical Area or have fewer than 20 people aged 60 and older per square mile. 1 if a county is rural. 0 if a county is not rural.
PSAΣ	The sum of the allocations for the counties in the PSA

<u>PSA-County Aging Unit Titles IIIC1 and D Formulas</u>	
Title IIIC1	$PSA\Sigma=((RURAL*.05)+(CO60POV*.90)+(CO60MIN*.05))*(StateC1\$)$
Title IIID	$PSA\Sigma=((RURAL*.05)+(CO60POV*.90)+(CO60MIN*.05))*(StateC1\$)$

Changes in Federal Funding

When there are annual increases or decreases in federal funds awarded to the State under Title III, there may be similar statewide increases or decreases in the amount to be distributed to aging units for each of these funding sources. When there is an across-the-board federal increase or decrease in Title III, there shall be an across-the-board increase or decrease in the county allocations under Title III. In the event of either an across-the-board or Title specific federal reduction, the Bureau of Aging and Long Term Care Resources shall have the discretion to protect the funding level of certain programs by making proportionately greater cuts in other programs.

*Note: County and PSA-level information on persons aged 60 and older below the poverty level are not available as of the writing of this plan. Until such time as that information is available, the data for the population aged 65 and older below the poverty level will be substituted.